



ARIZONA DEPARTMENT
OF HEALTH SERVICES

**SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL**

ARIZONA DEPARTMENT OF HEALTH SERVICES
BUREAU OF WOMEN'S AND CHILDREN'S HEALTH
OFFICE OF WOMEN'S HEALTH

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL

TABLE OF CONTENTS

CHAPTER ONE	5
GLOSSARY	5
CHAPTER TWO	9
INTRODUCTION	9
2.1 Program Background and Description	9
2.2 Authority for the Program.....	9
2.3 Funding for the Safe Home Network Programs	10
2.4 Program Goals and Priorities.....	11
2.5 Mission Statement.....	11
2.6 Vision Statement	11
2.7 Guiding Principles	12
2.8 The Purpose of this Manual	13
CHAPTER THREE.....	14
PROGRAM FUNDING	14
3.1 Requests for Funding Grant Application	14
CHAPTER FOUR.....	15
SCOPE OF WORK	15
4.1 Logic Model	15
CHAPTER FIVE.....	19
PROGRAM MANAGEMENT AND ADMINISTRATION.....	22
5.1 Role of the Bureau of Women’s and Children’s Health	22
5.2 Role of the Contractor in Program Management	22
5.3 Sub-contracts	23
5.4 Contractor’s Personnel Policy Standards.....	23
5.5 Staff Training and Orientation	24
5.6 Continuous Quality Improvement (CQI)	24
5.7 Internal Policy and Procedure for SHN programs.....	26
5.8 Shelter Facility Standards.....	22
5.9 Availability and Accessibility of Shelter and Related Assistance.....	28
5.10 Program Eligibility	28
5.11 Nondiscrimination.....	29
5.12 Voluntary Participation	29
5.13 Client Records.....	29
5.14 Release of Information	30
5.15 Finger Printing	31
5.16 Reporting Child Abuse	31
5.17 Establishing Safe Home Networks	31
5.18 Family Violence Prevention Service Act Grant (FVPSA) Requirements.....	

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL

CHAPTER SIX	33
PROGRAM SERVICES	33
6.1 Required Services	33
CHAPTER SEVEN.....	29
AMERICANS WITH DISABILITIES ACT (ADA) TITLE III	29
7.1 Who is Covered by Title III of the ADA	29
7.2 Overview of Requirements.....	29
7.3 Individuals with Disabilities	30
7.4 Eligibility for Goods and Services	31
7.5 Modifications in Policies, Practices, and Procedures.....	31
7.6 Enforcement of the ADA and its Regulations	31
CHAPTER EIGHT	32
QUARTERLY REPORTS	32
8.1 Quarterly Report Requirements.....	32
8.2 Quarterly Report.....	36
8.3 Quarterly Report Instructions	38
CHAPTER NINE	44
MONTHLY BILLING	44
9.1 Contractor Reimbursement.....	44
9.2 Monthly Submission Requirements	44
9.3 Submission Location	44
9.4 BWCH Program Manager's role in CER Approval.....	44
9.5 Supporting Documentation	45
9.6 Contractor's Expenditure Report (CER) Instructions	45
CHAPTER TEN.....	47
PROGRAM MONITORING AND EVALUATION	47
10.1 Contract Monitoring Plan	47
10.2 Annual Review	47
10.3 Multiple Sites	47
10.4 Annual Desk Reviews	47
10.5 Consultative Site Visit	47
10.6 Purpose of the Site Review:	47
10.7 Review Guidelines	48
10.8 Annual Review Draft Report	49
10.9 Annual Review Final Report and Corrective Action	49
10.10 Failure to Comply	49
CHAPTER ELEVEN.....	54

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL

WEB SITES.....	54
11.1 Arizona Department of Health Services, Safe Home Network	50
11.2 Health Insurance and Portability and Accountability Act	50
11.4 Cost Principles for Non-Profit Organizations.....	50
11.5 Audits of States, Local Governments, and Non-Profit Orgs.	50
11.6 ADA Regulations and Technical Assistance Materials	50
11.7 Title III Highlights.....	50
CHAPTER TWELVE.....	51
APPENDICES.....	51
12.1 Arizona Revised Statutes.....	51
A. ARS 36-568.01. Confidentiality of records	55
B. ARS 36-3008. Shelters for victims of DV; personnel; fingerprinting	56
C. ARS 13-3620. Duty to report abuse.....	57
12.2 Forms.....	56
A. Financial Reporting Forms	60
Contractor's Expenditure Report (CER)	57
Labor Activity Report (LAR)	58
Labor Activity Certification	59
10% Budget Line Adjustment	60
B. Site Visit Forms.....	61
Contract Monitoring Plan	61
Site Visit Introduction	62
Site Visit Monitoring Tool	63
Monitoring Summary.....	73
Final Site Review Report	75
Corrective Action Report.....	76
C. Acknowledgement of Receipt of Policy & Procedure Manual.....	79
(Return signed acknowledgement form to program manager upon receipt)	
12.3 Attached References	
A. Federal Register Notice 2016	
B. Vendor Registration Directions for ProcureAZ	
C. AZ Accounting & Audit Procedure Manual (Blue Book)	
D. AZ Travel Rules and Regulation	
E. AZ Travel Reimbursement Rate Index	

CHAPTER ONE

GLOSSARY

- A. ADHS:** The Arizona Department of Health Services (ADHS).
- B. Family Violence:** Any act or threatened act of violence, including any forceful detention of an individual that: (a) results or threatens to result in physical injury; and (b) is committed by a person against another individual (including an elderly individual) to or with whom such person is related by blood, or is or was related by marriage or is or was otherwise legally related, or is or was lawfully residing.
- C. Domestic Violence:** Felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction. This definition also reflects the statutory definition of "domestic violence" found in Section 40002(a) of VAWA (as amended), 42 U.S.C. 13925(a).

Includes criminal or noncriminal acts constituting intimidation, control coercion and coercive control, harassment, emotional and psychological abuse, expressive and psychological abuse and behavior, expressive and psychological aggression, financial abuse, harassment, tormenting behavior, disturbing or alarming behavior and additional acts recognized in other Federal regulatory or sub-regulatory guidance. This definition is not intended to be interpreted more restrictively than FVPSA and VAWA but rather to be inclusive of other, more expansive definitions. The definition applies to individuals and relationships regardless of actual or perceived sexual orientation or gender identity.

- D. Dating Violence:** means violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim and where the existence of such a relationship shall be determined based on a consideration of the following factors: The length of the relationship, the type of relationship, and the frequency of interaction between the person involved in the relationship. This part of the definition reflects the definitions found in Section 40002(a) of VAWA, 42 U.S.C. 13925(a), as required by FVPSA. Includes but not limited to physical, sexual, psychological, emotional violence, financial abuse within a dating relationship, including stalking. Covers in person or online abuse or other forms of manipulation occurring between a current/former dating partners regardless of actual or perceived sexual orientation or gender identity.
- E. Supportive Services:** Services for adult and youth victims or family violence, domestic violence, or dating violence, and dependents exposed to family violence, domestic violence, or dating violence, that are designed to:

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL

- a. Meet the needs of victims of family violence, domestic violence, or dating violence, and their dependents, for short-term, transitional, or long-term safety; and
- b. Provide counseling, advocacy, or assistance for victims of family violence, domestic violence, or dating violence, and their dependents.

F. Related Assistance: is defined as the provision of direct assistance to victims of family violence and their dependents for the purpose of preventing further violence, helping such victims to gain access to civil and criminal courts and other community services, facilitating the efforts of such victims to make decisions concerning their lives in the interest of safety, and assisting such victims in healing from the effects of the violence. Related assistance includes:

- 1) **Prevention services** such as outreach and prevention services for victims and their children, assistance for children who witness domestic violence, employment training, parenting and other educational services for victims and their children, preventive health services within domestic violence programs (including nutrition, disease prevention, exercise, and prevention of substance abuse), domestic violence prevention programs for school age children, family violence public awareness campaigns, and violence prevention counseling services to abusers;
- 2) **Counseling** by trained staff with respect to family violence, counseling or other comprehensive supportive services by peers, individually or in groups and referral to community social services;
- 3) **Transportation and technical assistance** with respect to obtaining financial assistance under Federal and State programs, and referrals for appropriate health-care services (including alcohol and drug abuse treatment), but shall not include reimbursement for any health-care services;
- 4) **Legal advocacy** means lay legal advocacy services can be provided in a community-based, system-based, mobile or residential setting by properly trained advocates. A program providing lay legal advocacy services shall:
 - a. Provide information about legal options, without providing legal advice, so that victims can identify needed interventions and actions to be sought from the civil and/or criminal justice systems;
 - b. Have a working knowledge of current state, federal and applicable tribal law pertaining to domestic violence, as well as the local justice system's response to domestic violence, including local court rules and practices, in each county where services are provided;
 - c. Establish working relationships that foster victim safety with relevant justice system members;
 - d. Ensure that appropriate staff members and volunteers have the ability to identify an individual's legal options without giving legal advice as part of a service and safety plan that is kept current or changed as the recipient's

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL
needs may require.

Legal Advocates cannot provide legal advice or services to or for another person. Legal Advocates cannot “practice law” as defined in Arizona Supreme Court Rule 31 (a)(2)(A). See the Arizona Service Standards and Guidelines for Domestic Violence Programs.

- 5) Children’s counseling and support services**, and child care services for children who are victims of family violence or the dependents of such victims, and children who witness domestic violence.

G. Youth Related Support Services: indicates approaches to help young people navigate the challenges of victimization by offering continuous support from adults, education on topics such as increasing feelings of self-worth, safety awareness, healthy relationships and coping skills which provide an opportunity to develop the skills needed to help cope with current and future situations. Youth related support programs build assets for young people that both protect and motivate.

H. Key Personnel: Staff involved in the planning, administration, operation, or monitoring of this Grant.

I. Logic Model: The sequential representation of a program planning, implementation and evaluation process that identifies and links the Needs Assessment/Resources, Goals and Outcome Objectives, Strategies/Approaches, Implementation Plan, Process Objectives, and Evaluation Plan and will result in positive impacts upon individuals and the community.

J. Protocols: Those policies and procedures used to refer and provide services to victims of domestic violence in a local safe home network. Protocols may include, (but are not limited to) development of written Memorandums of Agreement, procedures regarding referrals and service provision to victims of domestic violence, etc.

K. Arizona Service Standards & Guidelines for Domestic Violence Programs: a reference manual updated in 2017 to assist DV programs in providing quality services and implementation of best practices.

L. Rural Areas of Arizona is defined by ARS 36-2171 as either of the following:

- a. A county with a population of less than four hundred thousand persons according to the 2010 United States decennial census; or
- b. A census county division with less than fifty thousand persons in a county with a population of four hundred thousand or more persons according to the 2010 United States decennial census.

M. Local Safe Home Network: An alliance of businesses, agencies, and individuals in a community who have come together to break the cycle of abuse. The network is a program for the prevention of family violence, committed to bringing communities the latest information and methods to break the cycle of violence.

N. Safe Home Network (SHN) Programs: Those programs throughout Arizona who

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL

are funded with ADHS domestic violence funding. These programs meet on a quarterly basis to discuss challenges, share resources, and provide domestic violence related training to members.

- O. Safe Home:** The provision of temporary, safe emergency refuge by a private party, hotel/motel, available residence within a community, or other appropriate accommodation for victims of domestic violence and their dependents.
- P. Shelter:** The provision of temporary refuge and related assistance in compliance with applicable State law and regulation governing the provision, on a regular basis, of shelter, safe homes, meals, and related assistance to victims of family violence and their dependents.
- Q. Strategic Plan:** An agency's process of defining its strategy, or direction, and making decisions on allocating its resources to pursue this strategy, including its capital and people. A Strategic Plan documents why an organization exists, what it is trying to accomplish, and how it will go about doing so. Various analysis techniques can be used in strategic planning, including Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis.

CHAPTER TWO

INTRODUCTION

2.1 Program Background and Description

The mission of the Bureau of Women's and Children's Health (BWCH) is to "strengthen the family and community by promoting and improving the health status of survivors, infants, and children." This is accomplished through the provision of community-based services and the facilitation of systems development. The Bureau of Women's and Children's Health administers the federal Family Violence Prevention and Services Act Grant, other federally funded programs, as well as private and state supported programs.

The Arizona Department of Health Services, (ADHS) Bureau of Woman's and Children's Health, has the responsibility for administering Federal Family Violence Prevention and Services Act (FVPSA) grant funds. The intent of these funds is to assist States, Native American Tribes and Tribal organizations in supporting the establishment, maintenance, and expansion of programs and projects to prevent incidents of family violence and to provide immediate shelter and related assistance for victims of family violence and their dependents.

In Arizona, FVPSA funds have supported the development of domestic violence programs or the Safe Home Networks to provide safety and related assistance to victims of domestic violence. The ADHS Safe Home Network program encompasses all domestic violence programs funded through the Department and provides guidelines and technical assistance for developing and implementing Safe Home Networks in communities throughout Arizona. These guidelines promote networking and collaboration among domestic violence and community social service providers and are the cornerstone of the Safe Home Network program.

Services provided by Safe Home Network Programs (community domestic violence service providers) include temporary, safe emergency shelter, crisis intervention, individual and group peer counseling, case management, transportation, advocacy, legal advocacy, children's services and information and referral.

2.2 Authority for the Program

Legislative Authority: Title III of the Child Abuse Amendments of 1984, Pub. L. 98-457, 42 U.S.C. 10401 et seq. is entitled the "Family Violence Prevention and Services Act" (FVPSA).

FVPSA was first implemented in FY 1986. The statute was subsequently amended by Public Law 100-294, the "Child Abuse Prevention, Adoptions, and Family Services Act of 1988;" further amended in 1992 by Public Law 102-295, the "Child Abuse, Domestic Violence, Adoption, and Family Services Act" and then amended in 1994 by Public Law 103-322, the "Violent Crime Control and Law Enforcement Act." FVPSA was amended again in 1996 by Public Law 104-235, the "Child Abuse Prevention and Treatment Act (CAPTA);" in 2000 by Public Law 106-386, the "Victims of Trafficking and Violence

Protection Act,” and amended further by Public Law 108–36, the “Keeping Children and Families Safe Act of 2003.” FVPSA was amended by Public Law 109–162, the “Violence Against Survivors and Department of Justice Reauthorization Act of 2005” as amended by Public Law 109–271, which was enacted on August 17, 2006. FVPSA can be found at 42 U.S.C. 10401 et. seq.

2.3 Funding for the Safe Home Network Programs

FVPSA grants to the States, the District of Columbia, and the Commonwealth of Puerto Rico are based on a population formula. Each State grant shall be \$600,000 with the remaining funds allotted to each State on the same ratio as the population of the State has to the population of all States (section 304(a)(2)). State populations are determined on the basis of the most recent census data available to the Secretary of Health and Human Services (HHS) and, the Secretary shall use for such purpose, if available, the annual current interim census data produced by the Secretary of Commerce pursuant to section 181 of Title 13.

The funding for the Domestic Violence Services program administered by the Bureau of Women’s and Children’s Health is supported entirely by dollars received from FVPSA funds. FVPSA funds awarded to sub-grantees shall be used for:

- Provision of immediate shelter and related supportive services to adult and youth victims of family violence, domestic violence, or dating violence, and their dependents, including paying for the operating and administrative expenses of the facilities for a shelter.
- Assistance in developing safety plans, and supporting efforts of victims of family violence, domestic violence, or dating violence to make decisions related to their ongoing safety and well-being.
- Provision of individual and group counseling, peer support groups, and referral to community-based services to assist family violence, domestic violence, or dating violence victims, and their dependents, in recovering from the effects of the violence.
- Provision of services, training, technical assistance, and outreach to increase awareness of family violence, domestic violence, and dating violence, and increase the accessibility of family violence, domestic violence, and dating violence services.
- Provision of culturally and linguistically appropriate services.
- Provision of services for children exposed to family violence, domestic violence, or dating violence, including age-appropriate counseling, supportive services, and services for the non-abusing parent that support the parent’s role as a caregiver, which may, as appropriate, include services that work with the non-abusing parent and child together.
- Provision of prevention services, including outreach to underserved populations
- Provision of advocacy, case management services, and information and referral services, concerning issues related to family violence, domestic violence, or dating violence intervention and prevention, including: (1) assistance in accessing related Federal and State financial assistance programs, (2) legal advocacy to assist victims and their dependents; (3) medical advocacy, including provision of referrals for appropriate health care services (including mental health, alcohol, and drug abuse treatment), which does not include reimbursement for any health care services; (4) assistance locating and securing safe and affordable permanent housing and

homelessness prevention services; (5) transportation, childcare, respite care, job training and employment services; and (6) parenting and other educational services for victims and their dependents.

2.4 Program Goals and Priorities

The Safe Home Network Program strives to:

- Improve accessibility to temporary, emergency safe shelter and related assistance and support to victims of domestic and their families.
- Develop and maintain strong collaborative collaborations and partnerships that address domestic violence issues and services.
- Reduce domestic violence through prevention, early intervention and education.
- Implement services based on the Arizona Service Standards and Guidelines for Domestic Violence Programs as developed by the State Agency Coordinating Team (SACT) and supported by the Arizona Coalition to End Sexual and Domestic Violence (ACESDV).

The following six (6) priority areas will be addressed through the Safe Home Network:

- Increase safety for victims of domestic violence and their families.
- Increase related services available to domestic violence victims and their families by service collaboration and coordination among key guiding stakeholders.
- Increase comprehensive support services for children who either witnessed and/or experienced domestic violence.
- Increase awareness and understanding of the prevalence and incidence of domestic violence in Arizona.
- Increase availability and access to shelter and comprehensive supportive services.
- Increase availability and access to culturally and linguistically appropriate services.

2.5 Mission Statement

The Safe Home Network strives to decrease family violence in Arizona by providing support services and education to victims and their families through collaborative community approaches to safe intervention and prevention.

2.6 Vision Statement

Communities throughout Arizona accept responsibility and take action to protect victims and potential victims of family violence and to hold perpetrators accountable. As a result, there is a comprehensive, coordinated, well-funded, and responsive system of family violence prevention and intervention programs and services in Arizona communities. Community support fosters safety, security, and empowerment for all families. Programs and services are culturally, physically, and programmatically accessible to all people. Children and adults receive the respect they deserve because family violence is not tolerated by individuals or within communities.

2.7 Guiding Principles

1. We believe children and adults deserve to live without violence in their lives. We are committed to working together as individuals to prevent family violence.
2. We believe family violence affects everyone and all aspects of life. Furthermore, we believe that family violence is everyone's problem. We are committed to promoting a comprehensive, culturally sensitive community response to family violence and a comprehensive, coordinated and effective system of services and supports.
3. We appreciate the diversity represented in Arizona's communities. We are committed to developing and implementing programs that take into account cultural norms and demonstrate respect for diversity in all its forms.
4. We believe children and adults who are victims of family violence should have information and services in order to be safe and secure. We are committed to providing emergency shelter and related services, as well as information about how to access other services and other needed supports.
5. We believe every person deserves to be treated with dignity and to be valued. We are committed to developing and implementing programs in a manner consistent with our respect for each individual and honoring their right to make informed choices. Furthermore, we are committed to demonstrating compassion and caring for those who are victims of family violence.
6. We believe victims should not be blamed. We are committed to providing support that empowers victims of family violence.
7. We believe in self-responsibility for wellness and healing. We are committed to providing support that empowers victims of family violence.
8. We believe perpetrators of family violence are responsible for their actions and must be held accountable. We are committed to ensuring that they experience the consequences of their actions and that they have access to appropriate intervention.
9. We believe the voices of victims of family violence must be heard. We are committed to providing opportunities and the means for them to take leadership roles in developing and implementing family violence prevention and intervention programs and services.
10. We believe continuous learning is key to community development and successful programs. We are committed to reflecting on the lessons we have learned and using these lessons to guide us as we strive for safety, health, and justice for all.

2.8 The Purpose of this Manual

The purpose of this manual is to document the domestic violence services program policy and procedures for all Safe Home Network Contractors to use in the development, implementation, and management of their programs. Program Contractors, Department Administration, and other interested parties are to use this manual as a more detailed reference for information regarding implementation of the Safe Home Network Program components. The Safe Home Network program Contractors are instructed to adhere to the requirements and guidelines set forth in this manual, and are also responsible for incorporating any policy changes into their operations.

Revisions to the manual will be distributed to all Contractors at least thirty days prior to the effective date of any change, when appropriate. Contractors may consider keeping relevant correspondence and program updates as an Appendix to this document.

If this reference does not answer your question or concern, or if you have suggestions for additional information that might be included in the policy manual, please contact the Safe Home Network Program Manager at the following address:

Arizona Department of Health Services
Bureau of Women's and Children's Health
Safe Home Network Program
150 N. 18th Avenue, Suite 320
Phoenix, Arizona 85007-3242
(602) 542-7343
FAX (602) 364-1494

CHAPTER THREE

PROGRAM FUNDING

3.1 Requests for Funding Grant Application

- A. Family Violence Prevention Services Act funding through ADHS is made available in Arizona through a competitive Request for Grant Application (RFGA) process. The grant application process is based on a five year cycle. Contractors who submit a successful grant application may renew contracts for a one year period for four renewals or a total of five years.
- B. The Safe Home Network Program Grant funds collaborative efforts at the community level that can result in improvements specific to the safety needs of domestic violence survivors and children experiencing domestic violence. The community level efforts should emphasize partnership building with those entities that can most effectively contribute to improving safety needs and address the unique needs of each survivor.
- C. The Safe Home Network Program Grant funds the development and implementation of community-based, multi-faceted, comprehensive programs that target the problems facing populations experiencing or at-risk of domestic violence. Funded grants include specific strategies to address underserved populations experiencing or at-risk for violence in their relationships. Given documented difficulties racial and ethnic groups have in accessing domestic violence services, providers and systems must address cultural competencies to narrow those gaps. Cultural competence encompasses specific knowledge and skills that are critical at all levels and takes into account the culturally specific ways survivors may experience domestic violence.
- D. Contractors will utilize methods that are appropriate for the demographics and particular characteristics of their community to achieve program standards and outcomes. Contractors will have the flexibility to implement the program in a manner that fits their community and expand to include immigration status, sexual and gender identity, age and disability. The Safe Home Network programs work to ensure that differences in culture, family structure, personal and family values and resources are respected among communities throughout the state.

CHAPTER FOUR

SCOPE OF WORK

4.1 Logic Model

- A. Contractor Scope of Work** is developed from response to the RFGA. Scopes of Work may not be changed throughout the duration of the contract without approval from the Program Manager and a contract amendment.
- B.** BWCH incorporated the **Arizona Program Design and Evaluation Logic Model** (better known as the Logic Model) into its Request for Grant Applications process. The Logic Model was developed by the former Governor's Community Policy Office in collaboration with other state agencies for the purpose of creating a standardized, consistent approach to making grants that identify and describe a sequence of tasks needed to solicit, apply for, and award grants. Effective July 1, 2018, BWCH is adopting the use of the **Valley of the Sun United Way (VSUW) Logic Model** as it's framework for program planning and development.

Based on the information from the logic model submitted in your RFGA, you will be reporting your progress quarterly using the new format included in this manual.

C. Moving from the AZ Program Design and Evaluation Logic Model to the VSUW Logic Model:

Both logic models include the same components but slight differences in vocabulary.

PAST Arizona Program Design and Evaluation Logic Model	NEW Valley of the Sun United Way (VSUW) Logic Model
Goals	Goals
Outcome Objectives	Short-Term, Mid-Term and Long-Term Outcomes
Strategies/Approaches	Strategies/Inputs
Implementation Plan/Organizational Capacity	Strategies/Inputs
Process Objectives	Indicators
Program Evaluation	Program Evaluation

D. New Logic Model Components

- 1) Goal:** Describe the goal of your program(s). The goal should be client-focused, a broad statement of intended change which identifies the target population.
- 2) Theory:** Explain your theory about why the program(s) approach will work.

- 3) Target Population:** Describe the population of clients that will be served.
- 4) Inputs:** List the inputs – i.e. the resources, people, skills, knowledge and tools being used to deliver services.
- 5) Strategies:** List the strategies – i.e. activities, services, processes; things done to, for, or with the population intended to lead to the desired change.
- 6) Outputs:** List the outputs – i.e. the product of the activity, service or process: How many clients will be served? How many types and units of service (staff hours, trainings, etc.) will be delivered? List the quantitative measures of intended outputs.
- 7) Short-term Outcome(s):** List the short-term benefits expected in the target population. Most short-term outcomes focus on changes in knowledge, attitude or skills in the target population, and usually address a timeframe.
 - 7a) Indicators:** List the indicators that will be used to measure the changes/benefits. Use the indicators to quantitatively describe the program(s) intended measurable results. Not every outcome requires an indicator.
- 8) Mid-term Outcome(s):** List the mid-term benefits expected from the target population. Most mid-term outcomes focus on changes in behavior, practice or decisions in the target population based on the earlier acquisition of knowledge.
 - 8a) Indicators:** List the indicators that will be used to measure the changes/benefits. Use the indicators to quantitatively describe the program(s) intended measurable results. Not every outcome requires an indicator.
- 9) Long-term Outcome(s):** List the long-term benefits expected from the target population. Most long-term outcomes focus on changes in condition or altered status in the target population, based on earlier changes in behavior.
 - 9a) Indicators:** List the indicators that will be used to measure the changes/benefits. Use the indicators to quantitatively describe the program(s)' intended measurable results. Not every outcome requires an indicator.
- 10) Program Evaluation:** A program's Evaluation Plan is designed to answer questions about whether or not the program is working and what can be done to make the program more effective. The evaluation is directly connected to both the process objectives and the outcome objectives. The process/formative evaluation will measure program fidelity by assessing which activities were implemented and the quality, strengths and weaknesses of the implementation. The outcomes/substantive evaluation will determine the extent to which the program has accomplished the stated goals and outcome objectives.

E. New Logic Model Format for Safe Home Network 2018-2021

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL
Logic Model

GOAL

Reduce the incidence of Domestic Violence in Arizona

THEORY

The program will provide advocacy and support services based on *the 2011-2012 Arizona Service Standards & Guidelines for Domestic Violence Programs*. These standards and guidelines were developed to assist domestic violence programs in providing quality services and implementation of best practices. They cover the core services provided to victims who are battered and their children.

In 2000 the Arizona Coalition to End Sexual and Domestic Violence (ACESDV) presented a new resource document titled the “*Best Practice Manual for Domestic Violence Programs*.” As a result of this project many providers, community advocates and survivors began to examine the state requirements for domestic violence shelters.

The current “*Arizona Service Standards and Guidelines for Domestic Violence Programs*” were developed by the Shelter Standards Subcommittee of the State Agency Coordinating Team (SACT) as well as staff from the Arizona Coalition to End Sexual and Domestic Violence; members of the subcommittee include administrators from state agencies, member programs and staff of the ACESDV. In addition, individual agencies develop and implement educational materials based on evidence and promising practice models.

POPULATION

Victims of domestic violence living in underserved areas of Arizona

INPUTS

- Funding
- Qualified Staff
- Access to a safe home/shelter
- Access to support services
- Transportation
- Community Partners
- Standards of Practice

STRATEGIES

- Provide temporary emergency shelter and/or related assistance to victims of DV and their families
- Develop/maintain strong community collaborations and partnerships to address DV issues and services
- Create opportunities for domestic violence prevention education

OUTPUTS

- Provide shelter services to #___ victims annually
- Provide non shelter services to #___ victims annually
- Provide #___ bed nights annually
- Provide #___ education sessions to families in shelter annually
- Answer #___ crisis-line calls
- Deliver #___ community presentations on DV related issues annually
- Deliver #___ educational presentations /workshops to youth annually
- Attend #___ community activities/booths annually
- Hold #___ Safe Home Network (SHN) community meetings annually
- Establish #___ MOUs with community partners annually
- Provide #___ hours of training to staff annually
- Provide case management to #___ clients annually
- Collect #___ client satisfaction surveys annually
- Conduct #___ of support groups annually
- Conduct #___ of counseling sessions annually
- Provide transportation; #___ of miles and/or #___ of round trips
- Provide assistance with safety planning to #___ of clients

At the beginning of the contract year, fill in the blanks for each OUTPUT that pertains to the agency.

Each quarter, data from Osnium will be used to show progress toward intended annual outputs.

The same process will be used for OUTCOME INDICATORS

*Only Short Term Outcomes are included in this example. **Each agency will create and submit Mid Term** (to be reached by year three) **and Long Term Outcomes** (to be reached by year five) **and Indicators.***

SHORT TERM OUTCOMES

- Clients have a safety plan in place
- Clients have increased knowledge on community resources
- Community partners have increased knowledge to assist survivors of DV
- Staff has skills needed to provide assistance and support to victims of DV and their families.

OUTCOME INDICATORS

- % of clients report knowing more ways to plan for their safety as evidenced by surveys
- % of clients report increased knowledge of community resources as evidenced by surveys
- Community partners' knowledge of how they can assist victims of DV increased by % as evidenced by surveys
- Staff reported a % increase in DV knowledge which enables them to better assist clients

4.2 Deliverables

The Grantee shall submit activity reports (e.g. programmatic, financial, etc.) as required. See Chapter 8 and Chapter 9 for details.

- A. Quarterly reports in the format to be provided by ADHS are due on or before the 20th day of the month following the end of each quarter. Quarterly reports will include a statistical Osnum report. Quarterly reports must include the number of client satisfaction surveys distributed, the number of surveys returned and results from the required questions.
- B. A monthly Contractor's Expenditure Report (CER) for actual expenditures will be due on or before the 20th day of the following month. Supporting documentation for all expenses must accompany the CER.
- C. When funded program staff is replaced or new program staff hired, the name of the new hire along with a resume, job description, adjusted budget worksheet, and organization chart are due to the ADHS Program Manager within thirty (30) days of hire.
- D. A revised Logic Model and Budget Justification form must be submitted annually on the date requested by the Program Manager.
- E. All other reports deemed necessary shall be submitted on date requested by the Program Manager.

4.3 Approvals

- A. Changes or updates to the Logic Model content are allowable with approval from ADHS.
- B. The revised Logic Model content that will be implemented during the next Grant period shall be submitted to ADHS Program Manager for approval.
- C. Monthly Contractor's Expenditure Report (CER) shall be approved by the ADHS Program Manager.
- D. Quarterly Reports and Deliverables shall be approved by the ADHS Program Manager.
- E. All marketing materials (brochures, posters, public service announcements, videos, etc.) which will be written, published or recorded by the Grantee and paid for with the funds from this grant award must first be approved by the Program Manager and the ADHS Marketing Department prior to dissemination of such materials or airing of such announcements. Submit request a minimum of four weeks prior to your deadline.

Media and/or printed educational materials will adhere to the required wording as follows: "Funded in part by the Bureau of Women's and Children's Health as made through available through the Arizona Department of Health Services."

- F. Line item budget moves, within ten (10%) of the total budget or less are allowable with approval from the Program Manager. A form titled, "10 Percent Moves" must be completed and submitted via email to the Program Manager. The Program Manager will

send a response if there are further questions or email a signed copy of the approval for your records.

- G.** Equipment purchases, (i.e., lap tops, projectors, printers, etc.), shall be pre-approved by the Program Manager and inventoried and tagged with ADHS Inventory and Control within thirty (30) days of purchase. ADHS also requires an annual update of all inventory.

4.4 Requirements

- A.** It is essential that the Grantee train and provide adequate staff persons experienced in domestic violence issues, capable of and devoted to the successful accomplishment of projects that may be performed under this contract. The Grantee must agree to assign experienced individuals to project positions. New staff persons may need training specific to domestic violence and the job duties/expectations to meet contractual requirements.
- B.** Key management personnel working within the program and with victims experiencing domestic violence shall demonstrate a minimum of one year's experience working with victims of domestic violence or related educational experience.
- C.** Key direct service personnel working within the program and with victims experiencing domestic violence shall complete the Sharing Experience: From Domestic Violence in Our Homes to Peace in Our Communities, offered by the Arizona Coalition Against Domestic Violence PLUS a minimum of twenty (20) hours of domestic violence related training each year of contract award. At least five (5) of the required hours must be related to children and domestic violence issues. At least two (2) of the required hours must be in cultural competency. Ten (10) of the required twenty (20) hours shall be from sources/entities outside the applicant agency. Training documentation is to be kept in the personnel file.
- D.** Maintain records of services provided to clients, provide follow-up, where indicated, to determine if services to which clients were referred were received, document barriers to care, and identify needs that cannot be met through the resources available (gaps) in the resource network.
- E.** Mandatory attendance is required at SHN contractor meetings as scheduled by the ADHS Program Manager.
- F.** Client satisfaction survey outcome data must be collected from the following areas: shelter services, support and advocacy services, counseling and group support services.
- G.** SHN service providers are required to adhere to the requirement and guidelines set forth in the SHN Policy and Procedure manual, and are responsible for incorporating any policy changes into their operations.
- H.** Expenses must be budgeted to provide staff with the required number of hours of annual training.
- I.** The database software shall be used in capturing data for reporting purpose to ADHS. Please contact Program Manager if you are using other software programs other than

Shelterbase or Osnium.

- J.** Executive Director and key staff must be prepared and present during the annually scheduled site visit.

CHAPTER FIVE

PROGRAM MANAGEMENT AND ADMINISTRATION

5.1 Role of the Bureau of Women and Children's Health

- A. The Bureau of Women and Children's Health (BWCH) administers the federal Family Violence Prevention and Services Act Grant. BWCH recognizes that domestic violence has a serious impact on the health of survivors and children. There are communities in Arizona that experience unique barriers and gaps in service provision to victims of domestic violence who are seeking safety and services to end the violence in their lives. BWCH utilizes FVPSA funding to address domestic violence in Arizona and provides the criteria, policies, funding, and requirements for developing and implementing domestic violence safe home networks at the community level.
- B. BWCH contracts with local public and private agencies. Contractors may use a variety of evidence based informed strategies and/or service delivery systems to achieve desired outcomes. Within the framework of the Safe Home Network Program is the flexibility for Contractors to implement domestic violence programs and provide safety and adjunct services in a manner that suits the unique needs of their community. BWCH provides technical assistance to the contractor, monitors contract compliance, and authorizes payment of contracted deliverable services.
- C. BWCH will also:
 - Provide training and technical assistance to support SHN activities.
 - Disseminate information and promote cooperation among SHN contractors.
 - Administer the FVPSA grants at a state level.

5.2 Role of the Contractor in Program Management

The role of contracting agencies is to:

Provide temporary, emergency safe shelter and related assistance to persons experiencing family violence, domestic violence, or dating violence and their dependents.

- A. Provide leadership for the use of funds in accordance with the local needs and opportunities.
- B. Include community input regarding domestic violence issues and systems.
- C. Establish and maintain a local Safe Home Network of community service providers and other interested parties to leverage resources that ensure a comprehensive range of services are available for domestic violence victims.
- D. Provide domestic violence services that focus on improving accessibility to services available to persons experiencing family violence, domestic violence, or dating violence and their dependents.

- I. Develop a plan for evaluating the outcomes of their program.
- J. Contractors are required to achieve and maintain certain minimum standards. Contractors must provide services of high quality and must be efficiently administered. The Contractor must develop administrative, management, and organizational systems that meet all Safe Home Network Program requirements. It is essential the Contractor provide an adequate staff of experienced personnel, capable of and devoted to the successful accomplishment of work performed under this Grant. The Contractor must assign specific individuals to key positions of responsibility. Once assigned to work under this Grant, key personnel must not be removed or replaced without prior notification to the ADHS Program Manager. If any of the assigned Key Personnel does not satisfactorily perform the assigned duties, the Contractor shall withdraw such Key Personnel immediately upon ADHS notification and shall replace the withdrawn Key Personnel with other Key Personnel at no additional cost to ADHS.
- L. If key personnel are not available for work on a specific project for a continuous period exceeding 30 calendar days, or are expected to devote substantially less effort to the work than initially anticipated, the Contractor must immediately notify the ADHS Program Manager.
- M. Contractors will provide a copy of all printed or broadcast media or any other educational materials developed using funds awarded under this grant to the ADHS Program Manager for approval. (The approval process may take up to three weeks). All media and printed educational materials will adhere to the required wording as follows: *"Paid in part by the Family Youth Services Bureau, Violence Prevention Service Act Grant as administered by Arizona Department of Health Services."*

5.3 Sub-contracts

Grantees shall not enter into any Subcontract under this Grant for the performance of this Grant without the advance written approval of the State Government Administrator and the ADHS Program Manager. The Grantee shall clearly list any proposed subcontractors and the subcontractor's proposed responsibilities. The Subcontract shall incorporate by reference the terms and conditions of this Grant.

5.4 Contractor's Personnel Policy Standards

Contractors must establish and maintain written personnel policies that comply with Federal and State requirements. The personnel files should contain at a minimum, but need not be limited to: staff recruitment, application, resume, selection, performance evaluation, promotion, termination, compensation, benefits, orientation to the agency and the program, in-service training, and grievance procedures. At a minimum, Contractors must require and ensure that:

- A. Personnel records are kept confidential in a secured place.
- B. An organizational chart and personnel policies are available to the program manager.
- C. Job descriptions (specifying training, formal education, experience, and licensure) are available for all positions paid with FVPSA funding, and that these are reviewed

annually and updated as necessary to reflect changes in duties.

- D. A performance appraisal system is in place for all employees. An evaluation and review of the job performance of all program personnel must be conducted annually, at a minimum.
- E. For each employee that provides direct care services to minors, a statement or affidavit is completed and notarized that states that the employee is not awaiting trial on, and has never been convicted of, or admitted committing any of the following criminal acts or similar offenses in any state or jurisdiction:
 - 1. Sexual abuse of a minor
 - 2. Incest
 - 3. Sexual assault
 - 4. Sexual exploitation of a minor
 - 5. Commercial sexual exploitation of a minor
 - 6. A dangerous crime against children
 - 7. Child Abuse
 - 8. Sexual conduct with a minor
 - 9. Molestation of a child
 - 10. Exploitation of minors involving drug offenses.
- F. The Contractor must have in all applicable personnel files, fingerprint records as required by ARS§ 36-3008 - Shelters for victims of domestic violence; personnel; fingerprinting.
- G. Current Staff certifications and licenses.

5.5 Staff Training and Orientation

- A. Contractors must provide for the orientation of all Program personnel.
 - 1. Orientation must include orientation to the agency of employment.
 - 2. Orientation must include orientation to domestic violence issues, Program protocols, and Program policy and procedure.
 - Key management personnel working within the program and with victims experiencing domestic violence shall demonstrate a minimum of one year's experience working with victims of domestic violence.

5.6 Continuous Quality Improvement (CQI)

- A. Contractors must develop an ongoing, systematic process to monitor and evaluate the quality, efficiency, effectiveness, and appropriateness of client service and program operations.
- B. Required CQI
 - 1. Resolving Client Problems

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL

The Contractor and its subcontractors must develop and implement a process by which clients may present grievances about the operation and management of the program and services received. When developing grievance policy and procedure the following must be included:

- a. Contractors must inform the client of the right to grieve and must assist the client with the grievance process.
- b. Client grievances must be addressed in a timely manner.
- c. Client problems and issues must be tracked to identify trends.
- d. Contractors must incorporate findings and feedback into a plan to identify and correct future problems.
- e. The Contractor must include in writing the address and the phone number of ADHS in the last step in the grievance process.
- e. The Contractor must cooperate in the resolution of client problems brought to the attention of the Bureau of Women's and Children's Health.

2. Client Satisfaction Surveys

- a. Contractors must develop client satisfaction surveys to facilitate client input into shelter and program operations and services.
- b. Contractors must include on client surveys two required FVPSA survey questions:

Because of Shelter Experience I feel I know more ways to plan for my safety
Because of Shelter Experience I feel I know more about community resources

Because of Support Services I feel I know more ways to plan for my safety
Because of Support Services I feel I know more about community resources

Because of Support Groups I feel I know more ways to plan for my safety
Because of Support Groups I feel I know more about community resources

Because of Counseling I feel I know more ways to plan for my safety
Because of Counseling I feel I know more about community resources

- c. FVPSA survey questions must be administered for four program areas.
 - 1) Shelter Services
 - 2) Counseling
 - 3) Support Group
 - 4) Support Services and Advocacy

- d. Client surveys may be administered to areas other than the four required.

- e. Survey results must be considered when identifying areas for improvement.

3. Client Record Review

All client records should be reviewed periodically for accuracy, completeness, quality of care, and compliance with policy and contract obligations. Examples include but should not be limited to:

- a. Counseling and education provided to the client
- b. Client receives and is assisted as needed with referrals for services that are not provided by the program
- c. Follow up by staff of client requested services and referrals
- d. Informed consent
- e. All necessary record documentation is signed and dated

C. Recommended CQI

1. Timeliness of Deliverables

Contractors should monitor the monthly performance report, the CER, and any other required deliverables for timely submission.

2. Monitoring Referral and Safe Home Networks

Contractors should periodically evaluate the accessibility, availability, and quality of services provided by the outside agencies, providers and organizations to which they are referring clients.

5.7 Internal Policy and Procedure for Safe Home Network programs

- A. Contractors must maintain an internal policy and procedure manual to be used to provide staff with guidelines for client care and Program management.
- B. When developing policy, procedure, and protocols the Contractor must consider contract requirements and requirements as further detailed in this *Safe Home Network Program Policy and Procedure Manual* including the Arizona Service Standards Guidelines for Domestic Violence Programs. The internal manual should include but not limit policy to:
 - 1. Management and administrative functions as detailed in Chapter 5 of this manual.
 - 2. All required services as detailed in Chapter 6 of this manual.

3. Quarterly reporting.
4. Monthly billing.
5. Reporting physical, sexual, and emotional abuse and neglect to the protective agencies.
6. Procedure for management of on-site medical emergencies.
7. Procedure for prioritizing follow-up for referrals made for client medical, behavioral and/or social needs.

C. Confidentiality

1. Every Contractor must assure client confidentiality and provide safeguards for individuals against the invasion of personal privacy as required by Arizona Revised Statute (ARS) and by Public Law 104-191, the Health Insurance Portability and Accountability Act (HIPAA).

2. Per the Federal Register / Vol. 81, No. 212 / Wednesday, November 2, 2016 / Rules and Regulations, in order to ensure the safety of adult, youth, and child victims of family violence, domestic violence, or dating violence, and their families, FVPSA funded program must establish and implement policies and protocols for maintaining the confidentiality of records pertaining to any individual provided domestic violence services. Consequently, when providing statistical data on program activities and program services, individual identifiers of client records will not be used by the State or other FVPSA grantees or sub-grantees (Section 42 U.S.C. 10406(c) (5)).

For the annual grantee Performance Progress Report (PPR), States and sub-grantees must collect unduplicated data from each program rather than unduplicated data across programs or statewide. No client-level data should be shared with a third party, regardless of encryption, hashing, or other data security measures, without written, time-limited release as described in section 306(c)(5). The address or location of any FVPSA-supported shelter facility shall, except with written authorization of the person or persons responsible for the operation of such shelter, not be made public (Section 306(c)(5)(H)) and the confidentiality of the records pertaining to any individual provided domestic violence services by any FVPSA-supported program will be strictly maintained.

3. All information obtained and records prepared in the course of providing service to clients shall be considered to be confidential information. No information obtained by the provider's staff about individuals receiving services may be disclosed without the client's written consent, except as required by law. The client's statement of written consent must be included in the client's record. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual.

4. The address or location of any FVPSA supported shelter facility will, except with

written authorization of the person or person responsible for the operation of such shelter, not be made public and the confidentiality of the records pertaining to any individual provided family violence prevention and treatment services by and FVPSA support program will be strictly maintained (42 U.S.C. 104002 (a)(2)(E)).

5. Contractors are bound by the following statutes:

- i. ARS § 36-160 Confidentiality of records; unauthorized disclosures unlawful; classification.
- ii. ARS § 36-568.01 Confidentiality of records
- iii. ARS § 41-162 Address Confidentiality Program
- iiii. Public Law 104-191 Health Insurance Portability and Accountability Act

6. Agencies shall develop internal policies and procedures that best meet the needs of the agency while accommodating the new *Arizona Address Confidentiality Program (ACP)* laws (ARS§41-162). The ACP program staff can assist with this process in an advisory capacity, and are available to discuss unique situations as they occur on a case by case basis.

8. Refer to *Arizona Service Standards & Guidelines for Domestic Violence Programs* as needed.

5.8 Shelter Facility Standards

- A. Shelter facilities for the Domestic Violence Services Network Program shall follow the most current publication of the *Arizona Service Standards and Guidelines for Domestic Violence Programs*.
- B. Shelter facilities must meet applicable federal, state, and local government standards, i.e.: fire codes, building codes, Occupational Safety and Health Administration (OSHA) requirements, CLIA Licensure, etc.)
- C. Shelter facilities must meet the accessibility standards as established by the American's with Disabilities Act.

5.9 Availability and Accessibility of Shelter and Related Assistance

- A. Safe Home Network shelter programs and service providers must maintain a 24-hour crisis hot line for domestic violence victims seeking services and/or information and referral.
- B. Safe Home Network shelter programs and services must be geographically accessible to the population served and must be available 24 hours a day, seven days a week.
- C. Facilities should be adequate to provide the required services and should be designed for the comfort and privacy of clients.
- D. Facilities must have a written plan and procedure for management of emergencies.

5.10 Program Eligibility

Per the Federal Register / Vol. 81, No. 212 / Wednesday, November 2, 2016 / Rules and Regulations, no income eligibility standard will be imposed on individuals with respect to eligibility for assistance or services supported with funds appropriated to carry out the FVPSA (Section 306(c)(3)).

No fees will be levied for assistance or services provided with funds appropriated to carry out the FVPSA (Section 306(c)(3)).

5.11 Nondiscrimination

Programs will prohibit discrimination on the basis of age, handicap, sex, race, color, national origin, religion, or programs or activities that screen out or tend to screen out individuals with disabilities, unless such criteria are necessary to meet the objectives of the program. Under this law, individuals with disabilities are defined as persons with a physical or mental impairment which substantially limits one or more major life activities. Some examples of impairment which may substantially limit major life activities, even with the help of medication or aids/devices are: AIDS, alcoholism, blindness or visual impairment, cancer, deafness or hearing impairment, diabetes, drug addiction, heart disease, and mental illness.

5.12 Voluntary Participation

- A.** Use of program services by any individual must be solely on a voluntary basis. Individuals must not be coerced to accept services or to make changes in their lives that are not comfortable/acceptable to them (i.e. leave their abuser/attend classes).
- B.** Acceptance of a non-violent life style must not be a prerequisite to eligibility for or receipt of safe shelter or any other service or assistance from or participation in any other contractor programs.

5.13 Client Records

- A.** Contractors must establish a record for every client who obtains shelter and/or adjunct domestic violence services.
- B.** Staff members must document all pertinent information about client interaction.
- C.** Entries in the client record are to reflect professional, nonjudgmental statements of fact. Records must be legible, dated, and are to be signed in ink with the initial and last name of the staff person providing the service. Records must be complete, accurate, and follow standard practice for client record documentation.
- D.** Client records must contain the following information:
 - 1. Basic intake information.
 - 2. Informed consent.
 - 3. Exit information including referrals given to the client.
 - 4. Follow up information when/where appropriate.
 - 5. Documentation of legal to include, but not be limited to Orders of Protection, Child Custody, Divorce, etc.
 - 6. Acknowledgement of Safety Planning.

7. Action/Case Management/Goal (treatment) Plan.

- E. Clients must be informed that a written record of services provided will be maintained and that this information is confidential information to be divulged only upon their written permission, or as otherwise required by law.
- F. Clients shall have access to their own records at all times, and shall have the right to correct any inaccurate information included in the records.
- G. Clients will have signed an informed consent statement prior to receiving shelter and/or support services.
- H. The Contractor is responsible for maintaining the client's case file record in a confidential manner, and ensuring that information contained in the records is released only to authorized parties.
- I. The BWCH Program Manager may have access to client case files however; all potentially identifying information must be redacted prior to review of the file. The client's case file record is not available to governmental agencies, without specific prior written consent by the client for the release of information in the client record.
- J. The Contractor shall store and maintain client records in a safe, secure location. Except for non-identifiable demographic characteristics, records may be destroyed seven years after the client's last participation in the agency's program. Minors' records must be maintained until the age of majority plus three years.

5.14 Release of Information

- A. A written, signed, informed release of information statement must be received from the client prior to releasing client confidential information.
- B. The form must be written in the primary language of the client or witnessed by an interpreter the client knows and/or trusts.
- C. The form must cover all information to be released and the entity to which to information is to be given.
- D. A Release of Information form must be completed, signed and dated for each entity for which information will be given. One form cannot be utilized for multiple entities.
- E. The form must include any responsibilities of the client.
- F. The client has the right to terminate the release of information at any time.
- G. The release of information must include a beginning and ending date.
- H. No client shall sign an "open" release of information, i.e. one that does not include an ending date.

5.15 Finger Printing

The contractor shall have in all applicable personnel files, fingerprint records as required by A.R.S. § 36-3008 – Shelters for victims of domestic violence; personnel; fingerprinting.

5.16 Reporting Child Abuse

Any staff member who observes or otherwise reasonably believes that a child is a victim of abuse must report the abuse to Child Protective Services per which states A.R.S. § 13-3620.

5.17 Establishing Safe Home Networks

- A. The Contractor must establish and maintain a local safe home network of community service providers and other interested parties to ensure availability of comprehensive services to domestic violence victims.
- B. The Contractor must organize regular meetings with the members of the community safe home network. Meetings must be held no less than quarterly.
- C. The Contractor must maintain documentation of community safe home meetings in the form of sign-in sheets, agendas and minutes or other relevant documentation.
- D. The Contractor must develop and maintain letters of support, memorandums of understanding, copies of subcontracts, or letters from collaborative agencies describing support of collaborations and/or partnerships. The letters and memorandums must include each collaborator's and/or partner's contribution to the program.
- E. The Contractor must develop and/or document the protocols used within the community safe home network to provide services to domestic violence victims.

5.18 Family Violence Prevention Service Act Grant (FVPSA) Requirements

- A. FVPSA programs must establish or implement **policies, procedures, and protocols** for maintaining the safety and confidentiality of the adult victims and their children of domestic violence, sexual assault, and/or stalking.
- B. **Match IS required by FVPSA since 2013.** The **matching requirement** of not less than 20 percent of the total funds provided for the programs and services under FVPSA. The local share will be cash or in-kind; and the local share will not include any other Federal funds provided under any authority.
- C. Programs receiving FVPSA funds must refer to **Uniform Guidance 2 CFR Part 200** effective December 26, 2014 (replaced Circulars A-87, A-122 and A-133) and the **Accounting and Auditing Procedures Manual for Contractors of ADHS Funded Programs.** (Circulars are sometimes inaccurately referred to as the Blue Book, the Blue Book however is an ADHS document; the circulars are federal documents used

- D. Grant funds made available under this program by the State will not be used as **direct payment to any victim** or dependent of a victim of family violence.
- F. **No income eligibility standard will be imposed on individuals** receiving assistance or services supported with FVPSA grant funds.
- G. **No fees will be levied for assistance or services provided with funds** appropriated to carry out the FVPSA.
- H. The **address or location of any shelter-facility assisted under FVPSA will not be made public**, except with the written authorization of the person or persons responsible for the operation of such shelter.
- H. All grants, programs or other activities funded by the State in whole or in part with funds made available under FVPSA will **prohibit discrimination** on the basis of age, handicap, sex, race, color, national origin or religion.
- I. **FVPSA funds will be used to supplement** and not supplant other Federal, State and local public funds expended to provide services and activities that promote the purposes of FVPSA.
- J. Receipt of **supportive services under the FVPSA will be voluntary**. No condition will be applied for the receipt of emergency shelter as described I Section 308 (d)(2)).
- K. The State grantee has a **law or procedure to bar an abuser from a shared household** or a household of the abused person, which may include eviction laws or procedures (Section 307(a)(2)(H)).

CHAPTER SIX

PROGRAM SERVICES

6.1 Required Services

The purpose of FVPSA grants is to assist States and Tribes to support the establishment, maintenance, and expansion of programs and projects for the purposes of increasing public awareness about and to prevent family violence, domestic violence and dating violence which emphasizes both primary and secondary, prevention of violence (§1370.1, addresses section 301 through 313 of FVPSA as amended and codified at 42 U.S.C. 10401 *et. seq*);

- A. Contractors must provide safe, temporary and immediate shelter and/or supportive services for victims of family violence, domestic violence, and dating violence and their dependents;
- B. Contractors must also provide technical assistance and training related to family violence, domestic violence, and dating violence programs; related assistance that include but are not limited to; crisis intervention, case management, peer counseling, advocacy, legal advocacy, transportation, children's peer counseling, transportation and specialized services for abused parents and their children.
- C. Prevention and outreach services are provided to the community and includes but is not limited to: School-based violence prevention curricula, programs aimed at mitigating the effects on children of witnessing domestic or dating violence, community campaigns designed to alter norms and values conducive to domestic or dating violence, worksite prevention programs, and training and education in parenting skills and self-esteem enhancement.
- D. No person shall on the ground of actual or perceive sex including gender identity be excluded from participation in, be denied the benefits of or be subject to discrimination under any program or activity funded under in whole or partly through FVPSA. This includes not only providing access to services for all victims, including male victims, of family, domestic and dating violence regardless of actual or perceived sex, including gender identity, but also making sure not to limit services for victims with adolescent children on the basis of actual or perceived sex, including gender identity with exception to the rule in §1370.5 (a)(2).

See Federal Register, Volume 81, No. 212, November 2, 2016/Rules and Regulations for more detailed information (attached separately).

CHAPTER SEVEN

AMERICANS WITH DISABILITIES ACT (ADA) TITLE III

Programs receiving Federal funds must meet ADA requirements. This Chapter will give a broad overview of the ADA requirements for public facilities and is not intended to cover all of Title III requirements. For more information on ADA Title III, SHN programs are encouraged to go to:

<https://www.ada.gov/taman3.html>

https://www.ada.gov/ada_info.htm

https://www.ada.gov/regs2010/titleIII_2010/title_iii_reg_update.pdf. This document is current as of January 17, 2017. Please refer to these documents. If you have questions about ADA, below is a list of phone numbers to call:

ADA National Network funded through the Department of Health and Human Services,
National Institute on Disability, Independent Living and Rehabilitation Research
1-800-949-4232

ADA United States Department of Justice, Civil Rights Division
1-800-514-0301 Voice
1-800-514-0383 TTY

7.1 Who is Covered by Title III of the ADA

The Title III regulation covers Public accommodations (i.e., private entities that own, operate, lease, or lease to places of public accommodation)

7.2 Overview of Requirements

A. Public accommodations must:

- 1) Provide goods and services in an integrated setting, unless separate or different measures are necessary to ensure equal opportunity.
- 2) Eliminate unnecessary eligibility standards or rules that deny individuals with disabilities an equal opportunity to enjoy the goods and services of a place of public accommodation.
- 3) Make reasonable modifications in policies, practices, and procedures that deny equal access to individuals with disabilities, unless a fundamental alteration would result in the nature of the goods and services provided.
- 4) Furnish auxiliary aids when necessary to ensure effective communication, unless an undue burden or fundamental alteration would result.
- 5) Remove architectural and structural communication barriers in existing facilities where readily achievable.
- 6) Provide readily achievable alternative measures when removal of barriers is not

readily achievable.

7) Provide equivalent transportation services and purchase accessible vehicles in certain circumstances.

8) Maintain accessible features of facilities and equipment.

9) Design and construct new facilities and, when undertaking alterations, alter existing facilities in accordance with the Americans with Disabilities Act Accessibility Guidelines issued by the Architectural and Transportation Barriers Compliance Board and incorporated in the final Department of Justice title III regulation.

10) A public accommodation is not required to provide personal devices such as wheelchairs; individually prescribed devices (e.g., prescription eyeglasses or hearing aids); or services of a personal nature including assistance in eating, toileting, or dressing.

11) Public accommodation may not discriminate against an individual or entity because of the known disability of a person with whom the individual or entity is known to associate.

12) Commercial facilities are only subject to the requirement that new construction and alterations conform to the ADA Accessibility Guidelines. The other requirements applicable to public accommodations listed above do not apply to commercial facilities.

13) Private entities offering certain examinations or courses (i.e., those related to applications, licensing, certification, or credentialing for secondary or postsecondary education, professional, or trade purposes) must offer them in an accessible place and manner or offer alternative accessible arrangements.

7.3 Individuals with Disabilities

A. The Americans with Disabilities Act provides comprehensive civil rights protections for "individuals with disabilities".

B. An individual with a disability is a person who --

1) Has a physical or mental impairment that substantially limits one or more *major life activities*, or

2) Has a record of such an impairment, or

3) Is regarded as having such an impairment. Examples of physical or mental impairments include, but are not limited to, such contagious and non-contagious diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, HIV disease (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism. Homosexuality and bisexuality are not physical or mental

impairments under the ADA.

4) "Major life activities" include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

5) Individuals who currently engage in the illegal use of drugs are not protected by the ADA when an action is taken on the basis of their current illegal use of drugs.

7.4 Eligibility for Goods and Services

- A.** In providing goods and services, a public accommodation may not use eligibility requirements that exclude or segregate individuals with disabilities, unless the requirements are *necessary* for the operation of the public accommodation.
- B.** Requirements that tend to screen out individuals with disabilities, such as requiring a blind person to produce a driver's license as the sole means of identification for cashing a check, are also prohibited.
- C.** Safety requirements may be imposed only if they are necessary for the safe operation of a place of public accommodation. They must be based on actual risks and not on mere speculation, stereotypes, or generalizations about individuals with disabilities. For example, an amusement park may impose height requirements for certain rides when required for safety.

7.5 Modifications in Policies, Practices, and Procedures

- A.** A public accommodation must make reasonable modifications in its policies, practices, and procedures in order to accommodate individuals with disabilities.
- B.** A modification is not required if it would "fundamentally alter" the goods, services, or operations of the public accommodation.
- C.** Modifications in existing practices generally must be made to permit the use of guide dogs and other service animals.

7.6 Enforcement of the ADA and its Regulations

- A.** Individuals may also file complaints with the Attorney General who is authorized to bring lawsuits in cases of general public importance or where a "pattern or practice" of discrimination is alleged.
- B.** In suits brought by the Attorney General, monetary damages (not including punitive damages) and civil penalties may be awarded. Civil penalties may not exceed \$50,000 for a first violation or \$100,000 for any subsequent violation.

CHAPTER EIGHT

QUARTERLY REPORTS

8.1 Quarterly Report Requirements

- A. Quarterly reports in the format to be provided by ADHS are due to the ADHS program manager **on or before the 20th day of the month** following the end of each quarter.
- B. Quarterly reports must include the following components:
 - a. Progress Report
 - i. Documentation verifying required personnel training
 - ii. Logic Model Progress
 - iii. Breakdown of survey results by program area
 - b. Statistical Report
 - i. Word formatted Osnium document
 - ii. Excel formatted Osnium document

8.2 Quarterly Reports

The contractor must submit quarterly reports in a format approved by the Bureau of Women's and Children's Health (BWCH). See below. A separate document will be available for your use. These documents get updated. **DO NOT USE THE ONE ATTACHED.** It is a **SAMPLE** for review.

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL

A. Quarterly Statistical Report

Safe Home Network Quarterly Statistical Report
Arizona Department of Health Services

1. **Agency Name:**

2. **Report Period:**

A. Federal FY _____ B. 10/1 - 12/31 ☐ 1/1- 3/31 ☐ 4/1 - 6/30 ☐ 7/1 - 9/30 ☐

3. **Total Domestic Violence Program Budget:**

4. **FVPSA Grant Amount:**

Complete only Item 5 or Item 6

5. **Residential emergency shelters:**

Capacity (not including cribs):	
Type	Capacity
Emergency Shelter Beds	
Motel Room Beds	
Private Residence Beds	
Transitional Housing Units	

6. **Non-Residential service sites**

Utilization	
Type	Capacity
Emergency Shelter Beds	
Motel Room Beds	
Private Residence Beds	
Transitional Housing Units	

7. **Program Staff:**

Category	Number of Staff	Hours Worked
Full-time		
Part-time		
Volunteer		

Staff Training conducted this quarter

Item	Number
A. Training sessions attended by staff	
B. Staff hours spent in training	
C. Number of staff attending training	

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL

A. People Served

8. Number of (unique) domestic violence victims seen for the first time during the reporting period:

Category	Residential	Non-Residential
Women		
Men		
Gender Not Specified		
Children & Youth		
Youth IPV Victims		
Total		

Note: Youth Intimate Partner violence victims is a subset of the primary victims and are not included in the total.

9. Demographics of new clients served this quarter (does not include batterers):

A. Age

0 - 17	18 - 24	25 - 59	60+	Not Specified

B. Sex

Female	Male	Not Specified

C. Race/Ethnicity

Black	Native American	Asian	Hispanic	Native Hawaiian	White	Unknown/Other

Note: Native American includes Alaskan Native, and Native Hawaiian includes Other Pacific Islander.

B. Residential Services

10. Shelter nights (DV victims & children) _____

11. Unmet requests for shelter due to program being at capacity: _____

Reasons Denied	Primary Clients	Children
No Room		
Substance Abuse		
Mental Health		
Physical		
Pets		
Language Barrier		
No Show		
Other (specify)		

Specify Other Reasons:

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL

Total		
-------	--	--

Length of Stay in Emergency Shelter of Primary Clients who EXITED this quarter

Length of Stay	Emergency Shelter	Motel	Private Residence	Transitional Housing
Arrived and left on same day				
1 Day				
2 -4 Days				
5 -14 Days				
15-30 Days				
31-45 Days				
46-90 Days				
91 - 120 Days				
121 - 365 Days				
365+ Days				
Total Primary Clients exiting shelter				
Total Bed Nights Provided				
Average Length of Stay in Days				

Destination of Primary Clients who EXITED emergency shelter this quarter

Destination	Primary Clients	Children	Specify Other Destinations:
Returned to original household with Batterer			
Returned to original household, Batterer moved out			
Moved in with relatives or friends			
Set up own household in new location			
Transferred to other Family Violence shelter			
Transferred to transitional housing program			
Transferred to other residential program or shelter			
Left without notifying staff of destination			
Other (specify)			

C. Related Services & Assistance for Adult Victims

12. Crisis/Hotline

Calls:

Note: Includes crisis and information/referral calls. Does not count donations, general information about program or violence issues unrelated to a specific individual or family, calls from the media, etc.

13. Supportive Counseling & Advocacy:

Type	Clients	Hours	Contacts
------	---------	-------	----------

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL

Individual			
Group			

D. Related Services & Assistance for Children & Youth

14. Supportive Counseling, Advocacy, and Activities:

Counseling/Advocacy	Children	Hours	Contacts
Individual			
Group			
Activities			
Individual			
Group			

E. Batterer Intervention Services

15. Batterer Services:

Type	Clients	Hours	Contacts
Individual			
Group			

F. Community Education & Public Awareness

16. Presentations and Activities

A. Community Education & Awareness Presentations	Number	Attendance
Adult Targeted Presentations		
Youth Targeted Presentations		
B. Community Awareness Activities (health fairs, booths, etc.)		

G. Service Outcome Data

17. Core Outcomes

Survey Type	Number of Surveys Completed	Number of Yes Responses to Resource Outcome	Number of Yes Responses to Safety Outcome
Shelter Survey			
Support Services and Advocacy Survey			
Counseling Survey			
Support Group Survey			

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL

18. Performance Narratives

For services supported in whole or in part by your FVPSA grant, provide examples or summaries of your program accomplishments and challenges in these areas:

18. Share a story about a client, service, community or statewide initiative.

19. What does your FVPSA grant allow you to do that you wouldn't be able to do without this funding?

20. Describe, if applicable, any efforts to meet the unique needs of underserved populations in your community, including populations underserved because of ethnic, racial, cultural or language diversity or geographic isolation. Describe any ongoing challenges.

21. Describe significant prevention and outreach activities during the program year.

22. Provide any additional information that you would like us to know about your FVPSA-supported domestic violence program and its effectiveness, the unmet needs of victims in your community and what would be required to meet them, or service trends that are emerging in your community.

23. Tell us about your community safe home network. Describe in detail the participants, accomplishments, topics, and/or issues.

24. Detail staff trainings attended this quarter. Include date, staff names and titles, training topics and length of training.

Annually all direct service personnel are required to attend a minimum of 20 hours of DV related training.

5 hours must be related to children and DV issues.

2 hours must be related to cultural competency

10 hours must be from sources/entities outside your agency.

In addition, all direct service personnel are also required to complete a 40 hour Sharing Experience training once during their employment.

Date	Name	Title	Training Topic	Length

8.3 Quarterly Report Instructions

A. Statistical Report Instructions

Question #	Osnum Quarterly STATISTICAL Reporting Instructions
------------	--

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL

1	Agency Name	Name of Contractor
2	Reporting Period	Federal Fiscal Year – October 1 – September 30. For example, the report submitted December 2010 will include activities conducted by programs during the Federal Fiscal Year, October 1, 2008 through September 30, 2010. These activities may have been funded through the FY 2007 or FY 2008 FVPSA award. Sub-grantees report by quarter, i.e. July 1 – September 30, October 1– December 31, etc.
3	Total Domestic Violence Program Budget	Total annual budget for domestic violence program at the time of FVPSA grant application including services not funded by FVPSA.
4	FVPSA Grant Amount	List total amount of FVPSA grant provided in reporting period.
5	Number of Residential Emergency Shelters	Programs with on-site residential facilities for emergency housing for domestic violence victims will answer YES. The answers to the capacity will be whole numbers. The capacity of shelter and transitional unit beds is the number of beds available. If motel and private residences are also used, count the number of locations available.
6	Non-Residential Service Sites	This number should include programs with no shelter facility, but which may coordinate emergency housing for victims through hotels/motels and safe homes.
7	Program Staff/Volunteers	Count number of individuals from all areas, including programmatic (e.g. advocacy, transportation) and administrative services (e.g. Board Members*, data entry, etc.
7	Volunteer Hours	Count total time rounded to nearest hour. *The only volunteer hours you can NOT count are the hours Board Members spend at board meetings or performing advisory duties.
7	Staff Training	Record the number of training attended, the unduplicated number of staff attending trainings and the number of staff hours spent in training
A.	People Served (Unduplicated Count) Number of (unique) domestic violence victims seen for the first time during the reporting period	
8	Residential	Number of new domestic violence victims/survivors seen for the first time during this reporting period , counted once regardless of the number of times victim may be served during the fiscal year. <i>Count should be within program only and not unduplicated across programs statewide.</i> Number should include unduplicated counts for both residential and non-residential services. Clients who received shelter (residential services) should be counted in this category <i>only</i> .
8	Non-Residential	Clients who received <i>only</i> non-residential services should be counted in this category. Specify the numbers who were survivors, men and children under the age of 18. Exclude clients served only by Batterer Intervention Programs (they are counted in Sec. E). <i>Count should be within program only and not unduplicated across programs statewide.</i>
8	Youth IPV Victim	Where youth under the age of 18 identified as victims of intimate partner violence (IPV), count in subset “Youth IPV victims.” For example, a program served 100 children & youth, 8 identified as IPV victims. Report as Children & Youth – 100; Youth IPV Victim – 8.
9	Demographics	Unduplicated clients only. Exclude clients served by Batterer Intervention Programs.
9A	Age	0 – 17; 18 – 24; 25 – 59; 60+
9B	Gender	Female Male

**SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL**

9C	Race/Ethnicity	Black or African American; American Indian & Alaska Native; Asian; Hispanic or Latino; Native Hawaiian & Other Pacific Islander; White; Unknown/Other. Clients may self-identify in more than one category; therefore, total number may exceed number of unduplicated clients.
B	Residential Services	
10	Shelter nights	Shelter includes onsite shelter managed by the domestic violence program, program-sponsored hotel rooms, and safe houses – residences of volunteers who offer their private homes for short-term crisis situations, or other temporary housing that your program arranges. Include victims of domestic violence and their dependents only. A night should be counted for each person that arrives and is provided a shelter bed. Count the # of people housed multiplied by the # nights. For example, a victim/survivor and her 3 children stay in the shelter or safe house for 5 nights. 4 people x 5 nights = 20 shelter nights.
11	Unmet requests for shelter	Unmet requests for shelter due to program being at capacity. Count the adult victims of domestic violence only. This count should not include individuals who were not served because their needs were inappropriate for the services of your program, e.g. homelessness not related to domestic violence. Count the total number of times requests for shelter was declined.
11A	Length of Stay	Length of stay in emergency shelter of primary clients who exited this quarter
11B	Destination	Destination of primary clients who exited emergency shelter
C	Related Services & Assistance	
12	Crisis/Hotline Calls	Calls received on any agency line that relate to an individual or family in need of some kind of service. Count all calls including repeat callers and calls from third parties. Do not count: donations; general information about program or violence issues unrelated to a specific individual or family; calls from the media; etc.
13	Supportive Counseling & Advocacy	
13	Individual	Supportive services provided to adults which extend beyond a brief, isolated contact; e.g. crisis intervention, safety planning, individual counseling, peer counseling, educational services, legal advocacy, personal advocacy, housing advocacy, medical advocacy, information/referral, transportation, home visits, etc. Count total number of hours and service contacts provided regardless of length. A contact could be a brief advocacy session in shelter or several hours to accompany a survivor to court. Do not count brief encounters such as distribution of tokens, supplies, toiletries, etc.
13	Group	Supportive services to adult victims in a group setting such as victims' support group. Total number of hours and/or sessions for each individual in attendance. E.g. Five 1-hour long support groups with 10 individuals at each = 50 service contacts and 50 hours. One 2-hour long support group with 6 individuals = 6 service contacts and 12 hours
D	Related Services & Assistance for Children & Youth (Supportive Counseling, Advocacy, and Activities)	
14	Individual	Supportive services provided to children which extend beyond a brief, isolated contact, e.g. crisis intervention, safety planning, individual counseling, peer counseling, educational services. Children include anyone under the age of 18, unless legally emancipated.
14	Group	Supportive services provided to children in a group setting, such as child-witness support groups. Total number of sessions for each individual in attendance, e.g. Four 1.5-hour long support groups with 8 individuals at each = 32 service contacts and 48 hours.
D	Activities for Children & Youth	

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL

14	Individual	All activities that fall outside of child advocacy including unplanned/unstructured contacts such as mentoring opportunities. Count total number of hours and/or service contacts.
14	Group	All activities that fall outside of child advocacy including recreational activities, child care, etc. Count total number of hours and/or service contacts. For example, a 3-hour field trip for 4 children = 4 service contacts and/or 12 hours.
E	Batterer Intervention Services	
15	Individual	Provision of individual sessions based on a specific model of intervention i.e. programs designed to address accountability for abusive behavior; including re-education programs for those who abuse their intimate partners. Count total number of hours and/or service contacts provided. Count the number of unduplicated individuals served within the reporting period. <i>Report only if these services are funded by FVPSA.</i>
15	Group	Provision of group sessions based on a specific model of intervention for those who abuse their intimate partners. Total number of sessions for each individual in attendance. E.g. 5 hour long support groups with 10 individuals at each = 50 service contacts and/or 50 hours. <i>Report only if these services are funded by FVPSA.</i>
F	Community Education & Public Awareness	
16A	Adults	All presentations of information or trainings about domestic violence and/or services related to victims of domestic violence and their children, such as training for health professionals. Include all presentations for a mixed-age audience. Count the total number of training and community education presentations. Count the total number of individuals attending.
16A	Youth Targeted	Presentations that are specifically targeted for audiences of children or youth, such as school-based prevention programs, should be counted under the Youth section. Count the total number of training and community education presentations. Count the total number of individuals attending.
16B	Public Awareness Activities	All domestic violence-focused information forums where domestic violence information is distributed and developed and an exact count of audience cannot be obtained, such as: press conferences; booths at health fairs; etc. Use the narrative questions to describe any events of particular significance.
G	Service Outcome Data	
17		Describe Resource Outcome and Safety Outcome. For each program area from which you collected outcome data, indicate how many surveys were completed and how many positive responses you received to each of the outcome questions. If you did not collect outcome information for a particular service, write in N/A (for not applicable). Because of Shelter Experience I feel I know more ways to plan for my safety Because of Shelter Experience I feel I know more about community resources Because of Support Services I feel I know more ways to plan for my safety Because of Support Services I feel I know more about community resources Because of Support Groups I feel I know more ways to plan for my safety Because of Support Groups I feel I know more about community resources Because of Counseling I feel I know more ways to plan for my safety Because of Counseling I feel I know more about community resources
18-22	Performance	For services supported in whole or in part by your FVPSA grant, provide examples or summaries

**SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL**

Narrative Questions	<p>of your program accomplishments and challenges in these areas:</p> <ol style="list-style-type: none"> 1) For services supported in whole or in part by your FVPSA grant, share a story about a client, service or community initiative. 2) What does your FVPSA grant allow you to do that you wouldn't be able to do without this funding? 3) Describe, if applicable, any efforts supported in whole or in part by your FVPSA grant to meet the unique needs of underserved populations in your community, including populations underserved because of ethnic, racial, cultural or language diversity or geographic isolation. Describe any ongoing challenges. 4) Describe significant prevention and outreach activities supported in whole or in part by your FVPSA grant during the program year. 5) Provide any additional information that you would like us to know about your FVPSA-supported domestic violence program and its effectiveness, the unmet needs of victims in your community and what would be required to meet them, or service trends that are emerging in your community. 6) Tell us about your community safe home network. Describe in detail the participants, accomplishments, topics, and/or issues. 7) Detail staff trainings attended this quarter. Include date, staff names and titles, training topics and length of training. <div style="margin-left: 40px;"> <p>Annually all direct service personnel are required to attend a minimum of 20 hours of DV related training. 5 hours must be related to children and DV issues. 2 hours must be related to cultural competency 10 hours must be from sources/entities outside your agency. In addition, all direct service personnel are also required to complete a 40 hour Sharing Experience training once during their employment.</p> </div> <table border="1" style="width: 100%; margin-top: 10px; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Date</th> <th style="width: 30%;">Name</th> <th style="width: 20%;">Title</th> <th style="width: 30%;">Training Topic</th> <th style="width: 10%;">Length</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date	Name	Title	Training Topic	Length															
Date	Name	Title	Training Topic	Length																	

B. Personnel Training

Provide documentation of the number of trainings, in services, college courses, etc. and the number of hours received by each staff person supported through FVPSA funding. Refer to Section 5.5 for details.

C. Operational Plan

Contractors receiving Family Violence Prevention Services grants through ADHS have the option to develop a 3-5 year Strategic/Operational Plan. The Plan should be updated annually. The Operational Plan Report should comprise but is not limited to these sections:

- 1) Name of Agency.

- 2) Contract year for the Operational Plan.
- 3) Major Action/Goal: Put each Major Action/Goal on a separate page. These should match the Goals of the Logic Model Implementation Plan.
- 4) Outcome: what will be the result of reaching the Goal? What could be the desired Outcome?
- 5) Related Key Directions: What Key Directions in the Strategic Plan are related to this Major Action/Goal? There may be more than one.
- 6) Assigned Staff: Name the staff assigned to work on the Goal.
- 7) Funding Source: Mark the funding the agency will utilize when working on the goal. It may be more than one source.
- 8) Action Steps: List all the steps that will need to be taken to complete the goal.
- 9) Responsible Party: List the persons who are responsible for completing the goal. This may include members of the SHN, staff persons or other parties.
- 10) Start and Target Dates: List when the project will begin, and a Target date for completion.
- 11) Status: Put a status code in this section - B=Barrier, C=Completed, D=Delayed, T=On Target.
- 12) Major Accomplishments for the Period: List the major accomplishments for the past quarter.
- 13) Description of Barriers and Delays/Plan to Address the Problem/Impact on the Action Plan: Describe the difficulties presented that have prohibited the agency in meeting the target date, or other barriers to accomplishing the stated Major Action/Goal.

CHAPTER NINE

MONTHLY BILLING

9.1 Contractor Reimbursement

Contractor reimbursement provisions and methods are specified in the Contractor's written contract agreement with the Arizona Department of Health Services. Reimbursement for services and any other program expenditures are made in accordance with these contract specifications, and upon approval of BWCH Program Manager.

9.2 Monthly Submission Requirements

- A. The Contractor must submit a complete and accurate Contractor's Expenditure Report (CER) **on or before the 20th day of each month** following service provision for payment from the state for contracted services provided. The Contractor must submit along with the CER, the Labor Activity Report for FVPSA funded staff whose salaries are paid from more than one funding source. If there is an unavoidable delay in submission of any part of the report, the Contractor must notify the Program Manager.
- B. The contractor must submit a bookkeeping detail (itemized account summary of line items) of the charges submitted for reimbursement.
- C. Copies of invoices must be kept filed with the agency.

9.3 Submission Location

Contractors are to submit the monthly CER and Quarterly Performance Report electronically to:

Arizona Department of Health Services,
Bureau of Women's and Children's Health (BWCH),
Program Manager as requested upon due date

9.4 BWCH Program Manger's role in CER Approval

- A. The BWCH Program Manager will review the CER for errors and/or omissions.
- B. The Contractor will be contacted to discuss any potential discrepancies found.
- C. CER's not meeting specification must be amended by the Contractor.
- D. Once the BWCH Program Manager approves the CER, it will be forwarded for payment.

9.5 Supporting Documentation

- A. The Contractor must maintain adequate supporting documentation to verify expenditures billed on the CER.
- B. The Contractor must maintain documentation of employee's work hours for those staff whose salaries are split between funding sources. Documentation should indicate the activities

performed and amount of time spent on each activity for each funding source.

- a. A Labor Activity Report (LAR) must be submitted for each pay period for each staff funded in part by FVPSA.
 - b. A Labor Activity Certification must be submitted every six months for all staff supported 100% by FVPSA.
- C. The Contractor must maintain adequate documentation to verify required matching dollars. According to Federal Requirement, grantees must document 20% of match of total funded FVPSA dollars. This will be shown on monthly CERs.
- D. A Profit and Loss Statement and a Statement of Activities/Transaction Detail by Account should be included with each CER showing detailed account of all expenditures.
- E. Travel expense receipts must be included for ALL travel.
- F. Receipts not submitted with monthly CERs must be available for review during site visit by program manager.

9.6 Contractor's Expenditure Report (CER) Instructions

A. The CER is a multi-purpose form for use by agencies that have a Purchase Order signed by the Procurement Officer with the Arizona Department of Health Services. The CER must be completed, signed by an authorized person, and mailed to the program manager.

B. Instructions for completion of the CER for the Safe Home Network:

1. **Contractor Number.** Write in your current contract number.
2. **Purchase Order Number.** Write in Purchase Order (PO) number.
3. **Contractor's Name.** Write in your agency name.
4. **Title of Program.** Write in Family Violence Prevention
5. **Reporting Period Covered.** CERs are submitted on a monthly basis, and are to report expenditures occurring during the month. Write in the exact month, day, and year. For example, a report submitted for the month of January 2018 would read, Reporting Period Covered: **From 1/1/18 To 1/31/18.**

A. **Check Appropriate Box:**

Safe Home Network Contractors have a Cost Reimbursement price contract. Check the box ☐ Cost Reimbursement.

B. **Check Appropriate Box:**

1) If the CER is an expenditure for a monthly report, check the box

☐ Periodic Report.

2) If the CER is an expenditure for the annual report, check the box

☐ Final Report.

5. Contractor Certification. It is the responsibility of your Financial Officer (your main point of contact for accounting and financial tracking) of the reporting agency to insure valid representation of the agency's expenditures. Once satisfied, your Financial Officer must

sign and date the CER report. An original signature or an electronic signature will be accepted only via email.

6. **10% Budget Line Adjustment.** With prior approval from the Program Manager, the Contractor is authorized to transfer up to a maximum of 10% of the total budget amount between line items. Transfers of funds are only allowed between funded line items. Transfers exceeding 10% or to a non-funded line item shall require an amendment.

NOTE: Even with approval to revise the budget, the ***current approved budget*** must remain on CERs. Know that at the end of the contract year, the numbers will be off by up to 10%.

CHAPTER TEN

PROGRAM MONITORING AND EVALUATION

10.1 Contract Monitoring Plan

- A.** The Program Manager will develop a Contract Monitoring Plan
- B.** The Contract Monitoring Plan should include, but may not be limited to these components:
 - 1) Program Scope of Work
 - 2) Tasks for Contractor
 - 3) Monitoring Activities

10.2 Annual Review

All contractors shall have at least one compliance-based site visit per year. This annual site visit is also referred to as the annual review.

10.3 Multiple Sites

To the extent practical, annual reviews will include a visit to all Contractor site locations, if the Contractor is providing services at multiple sites.

10.4 Annual Desk Reviews

In lieu of a physical visit to the program site, annual site visits may be conducted via written documentation as requested by the Program Manager. Documentation requested will be reviewed by the Program Manager and sufficient in nature to substantiate program compliance.

10.5 Consultative Site Visit

In addition to the annual review visit, additional consultative site visits will be conducted if Contractor performance or other circumstances deem it necessary.

10.6 Purpose of the Site Review:

- A.** Compliance-based site visits are provided to ensure that services were delivered pursuant to the terms and conditions of the contract and in accordance with the Safe Home Network program Policy and Procedure Manual.
- B.** Other purposes for annual review include but are not limited to:
 - 1. Evaluation of the local community Safe Home Network functions
 - 2. Assessment of areas in question.
 - 3. Identification of strengths, and accomplishments
 - 4. Identification of challenges, barriers, issues or areas of needed focus
 - 5. Providing consultation and technical assistance
 - 6. Facilitation of communication between the contractor and BWCH
 - 7. Follow-up on previous site visit findings.

10.7 Review Guidelines

The annual review will be conducted in accordance with the following guidelines:

A. Contractor Notification:

1. The Program Manager will notify the Contractor of the scheduling of annual review site visits.
2. The Program Manager will send a Site Visit Notification letter to the Contractor which will:
 - a. Confirm the date and the time of the visit.
 - b. Review the purpose of the visit.
 - c. Identify the reviewer.
 - d. Discuss activities to expect as part of the review process.
 - e. Provide the Contractor with a copy of the site review monitoring tool.
3. The Site Visit Notification letter will be sent a minimum of five business days in advance of the review. Ideally, the mutually agreed upon date for the site visit will be arranged well in advance of the review. The reviewer will work with the Contractor as much as possible to assist in minimizing interruptions to the staff's normal workload during the course of the review.

B. Review Process

1. Contractors and Sub-contractors must cooperate fully with the reviewer during the review process by making records and information available, by allowing interviews, and providing a tour of the facilities.
2. The Reviewer will hold an entrance interview to obtain a current overview of agency's successes and challenges, operations, clarify the review process, meet staff, answer any questions, and discuss completion of corrective action from any past review.
3. Examples of activities included in site visits may include, but are not limited to:
 - a. Review of Contractor Documentation
 - i. Any materials distributed to clients.
 - ii. Redacted Client Records.
 - iii. Management reports.
 - iv. Job descriptions, personnel files, etc.
 - b. Meeting with or interviewing program personnel to discuss processes related to service provision, program successes and potential problems.

C. Exit Conference

The reviewer will provide feedback to the Contractor regarding preliminary findings during an exit conference. During the exit conference Contractors will have the opportunity to

clarify and provide any input they deem necessary.

10.8 Annual Review Draft Report

- A.** The Program Manager will write findings in a draft report and mail the draft with a cover letter to the Contractor for review and comment. The cover letter will include instructions for review of the draft report. The Contractor must respond to the draft report within seven (7) days of receipt. The draft report will be sent via email and flagged.
- B.** The Program Manager will be available to provide technical assistance as needed.

10.9 Annual Review Final Report and Corrective Action

- A.** Within (30) thirty days of receipt and review of the Contractor's comments, the Program Manager will prepare a final report. The final report will identify areas of strength and a request for a written plan of corrective action, if required. The final report will be sent with a cover letter that will include instructions for completion of the written plan of correction.
- B.** The Contractor will prepare the plan of corrective action addressing each finding included in the current year's annual review. This plan must be returned within 14 days of receipt of the final report. The final report will be sent by certified mail so that the date the report was received can be documented.
- C.** Once the written plan of corrective action has been reviewed and approved by the Program Manager, it will be included as part of the final report. Also included as part of the final report will be any pertinent attachment/enclosure(s) sent by the Contractor.
- D.** The final report will be maintained in the Program files for future review.

10.10 Failure to Comply

If the contractor fails to comply, or a major contract performance issue results, the concern will be reported to the Procurement Administrator for review. The Procurement Administrator will notify the Contractor within seven days of receipt of the concern regarding further recourse.

CHAPTER ELEVEN

WEBSITES

These web sites may be helpful to the Domestic Violence Service Network program personnel:

- 11.1 Arizona Department of Health Services, Safe Home Network
<http://www.azdhs.gov/prevention/womens-childrens-health/womens-health/index.php#domestic-violence-home>
- 11.2 Health Insurance and Portability and Accountability Act
<http://www.hhs.gov/ocr/hipaa/>
- 11.3 Strategic Planning for Non-profit Organizations
http://www.managementhelp.org/plan_dec/str_plan/str_plan.htm
- 11.4 Circular A-122, Cost Principles for Non-Profit Organizations
<https://www.gpo.gov/fdsys/granule/CFR-2012-title2-vol1/CFR-2012-title2-vol1-part230/content-detail.html>
- 11.5 Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations
<https://www.federalregister.gov/documents/2015/07/14/2015-17236/audits-of-states-local-governments-and-non-profit-organizations-omb-circular-a-133-compliance>
- 11.6 ADA Regulations and Technical Assistance Materials
<https://www.ada.gov/ta-pubs-pg2.htm>
- 11.7 Title III Highlights
<http://www.ada.gov/t3highlight.htm>

CHAPTER TWELVE

APPENDICES

12.1 Arizona Revised Statutes

ARS 36-568.01 Confidentiality of records

ARS 36-3008 Shelters for victims of domestic violence; personnel; fingerprinting

ARS 13-3620 Duty to report abuse, physical injury, neglect and denial or deprivation of medical or surgical care or nourishment of minors; medical records; exception; violation; classification; definitions

36-568.01. Confidentiality of records

- A.** All information obtained and records prepared in the course of providing any services under this chapter to clients shall be confidential and privileged matter. Such information and records may be disclosed only:
1. When the responsible person designates in writing persons to whom records or information may be disclosed.
 2. To the extent necessary to make claims on behalf of a client for aid, insurance or medical assistance to which he may be entitled.
 3. Pursuant to court order.
 4. In communications between professional persons in the providing of services or appropriate referrals.
 5. When such disclosure is necessary to protect against a clear and substantial risk of imminent serious injury.
 6. To the superior court when a petition to establish guardianship for the person is filed pursuant to the provisions of title 14, chapter 5.
 7. To other state agencies or bodies for official purposes and in such cases information or records shall be released without the designation of the name of the client unless such name is required for the official purposes of state agencies or bodies requesting such information. Such case information received by a state agency or body shall be maintained as confidential unless a consent to release has been given as provided in this section.
 8. To a law enforcement agency or a county medical examiner in the performance of official duties unless the records requested relate to a person who is the subject of a criminal investigation, in which case the records may only be released pursuant to a court order or grand jury subpoena. A person shall maintain information provided to a law enforcement agency or a county medical examiner under this

paragraph as confidential unless a consent to release has been given pursuant to this section or pursuant to a court order or grand jury subpoena.

- B. The person to whom such information has been released pursuant to subsection A shall be prohibited from using or releasing such information except in the proper performance of his or her duties.

36-3008. Shelters for victims of domestic violence; personnel; fingerprinting

- A. Employees and volunteers of a shelter for victims of domestic violence, as defined in section 36-3001, shall have valid fingerprint clearance cards that are issued pursuant to title 41, chapter 12, article 3.1 or shall apply for a fingerprint clearance card within seven working days of employment or beginning volunteer work. Federally recognized Indian tribes or military bases may submit and the department shall accept certifications that state that employees of a shelter for victims of domestic violence who are employed by a shelter and who provide services directly to victims of domestic violence have not been convicted of, have not admitted committing or are not awaiting trial on any offense under subsection B, paragraph 1 of this section.
- B. Personnel shall certify on forms that are provided by the department and notarized that:
 - 1. They are not awaiting trial on and have never been convicted of or admitted committing any of the criminal offenses listed in section 41-1758.03, subsections B and C in this state or similar offenses in another state or jurisdiction.
 - 2. They have not been denied a license to operate a shelter for cause in this state or another state or had a license to operate a shelter revoked.
- C. The notarized forms are confidential.
- D. The shelter shall make good faith efforts to contact previous employers to obtain information or recommendations that may be relevant to an individual's fitness to work in the shelter.
- E. The department of health services shall notify the department of public safety if the department of health services receives credible evidence that a person who possesses a fingerprint clearance card either:
 - 1. Is arrested for or charged with an offense listed in section 41-1758.03, subsection B.
 - 2. Falsified information on the form required by subsection B of this section.

13-3620. Duty to report abuse, physical injury, neglect and denial or deprivation of medical or surgical care or nourishment of minors; medical records; exception; violation; classification; definitions

A. Any person who reasonably believes that a minor is or has been the victim of physical injury, abuse, child abuse, a reportable offense or neglect that appears to have been inflicted on the minor by other than accidental means or that is not explained by the available medical history as being accidental in nature or who reasonably believes there has been a denial or deprivation of necessary medical treatment or surgical care or nourishment with the intent to cause or allow the death of an infant who is protected under section 36-2281 shall immediately report or cause reports to be made of this information to a peace officer or to child protective services in the department of economic security, except if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a peace officer only. A member of the clergy, Christian Science practitioner or priest who has received a confidential communication or a confession in that person's role as a member of the clergy, Christian Science practitioner or a priest in the course of the discipline enjoined by the church to which the member of the clergy, Christian Science practitioner or priest belongs may withhold reporting of the communication or confession if the member of the clergy, Christian Science practitioner or priest determines that it is reasonable and necessary within the concepts of the religion. This exemption applies only to the communication or confession and not to personal observations the member of the clergy, Christian Science practitioner or priest may otherwise make of the minor. For the purposes of this subsection, "person" means:

1. Any physician, physician's assistant, optometrist, dentist, osteopath, chiropractor, podiatrist, behavioral health professional, nurse, psychologist, counselor or social worker who develops the reasonable belief in the course of treating a patient.
2. Any peace officer, member of the clergy, priest or Christian Science Practitioner.
3. The parent, stepparent or guardian of the minor.
4. School personnel or domestic violence victim advocate who develop the reasonable belief in the course of their employment.
5. Any other person who has responsibility for the care or treatment of the minor.

B. A report is not required under this section for conduct prescribed by sections 13-1404 and 13-1405 if the conduct involves only minors who are fourteen, fifteen, sixteen or seventeen years of age and there is nothing to indicate that the conduct is other than consensual.

C. If a physician, psychologist or behavioral health professional receives a statement from a person other than a parent, stepparent, guardian or custodian of the minor during the course of providing sex offender treatment that is not court ordered or that does not occur while the offender is incarcerated in the state department of corrections or the department of juvenile corrections, the physician, psychologist or behavioral health professional may withhold the reporting of that statement if the physician, psychologist

or behavioral health professional determines it is reasonable and necessary to accomplish the purposes of the treatment.

- D.** Reports shall be made immediately by telephone or in person and shall be followed by a written report within seventy-two hours. The reports shall contain:
1. The names and addresses of the minor and the minor's parents or the person or persons having custody of the minor, if known.
 2. The minor's age and the nature and extent of the minor's abuse, child abuse, physical injury or neglect, including any evidence of previous abuse, child abuse, physical injury or neglect.
 3. Any other information that the person believes might be helpful in establishing the cause of the abuse, child abuse, physical injury or neglect.
- E.** A health care professional who is regulated pursuant to title 32 and who, after a routine newborn physical assessment of a newborn infant's health status or following notification of positive toxicology screens of a newborn infant, reasonably believes that the newborn infant may be affected by the presence of alcohol or a drug listed in section 13-3401 shall immediately report this information, or cause a report to be made, to child protective services in the department of economic security. For the purposes of this subsection, "newborn infant" means a newborn infant who is under thirty days of age.
- F.** Any person other than one required to report or cause reports to be made under subsection A of this section who reasonably believes that a minor is or has been a victim of abuse, child abuse, physical injury, a reportable offense or neglect may report the information to a peace officer or to child protective services in the department of economic security, except if the report concerns a person who does not have care, custody or control of the minor, the report shall be made to a peace officer only.
- G.** A person who has custody or control of medical records of a minor for whom a report is required or authorized under this section shall make the records, or a copy of the records, available to a peace officer or child protective services worker investigating the minor's neglect, child abuse, physical injury or abuse on written request for the records signed by the peace officer or child protective services worker. Records disclosed pursuant to this subsection are confidential and may be used only in a judicial or administrative proceeding or investigation resulting from a report required or authorized under this section.
- H.** When telephone or in-person reports are received by a peace officer, the officer shall immediately notify child protective services in the department of economic security and make the information available to them. Notwithstanding any other statute, when child protective services receive these reports by telephone or in person, it shall immediately notify a peace officer in the appropriate jurisdiction.

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL

- I.** Any person who is required to receive reports pursuant to subsection A of this section may take or cause to be taken photographs of the minor and the vicinity involved. Medical examinations of the involved minor may be performed.
- J.** A person who furnishes a report, information or records required or authorized under this section, or a person who participates in a judicial or administrative proceeding or investigation resulting from a report, information or records required or authorized under this section, is immune from any civil or criminal liability by reason of that action unless the person acted with malice or unless the person has been charged with or is suspected of abusing or neglecting the child or children in question.
- K.** Except for the attorney client privilege or the privilege under subsection L of this section, no privilege applies to any:
 - 1. Civil or criminal litigation or administrative proceeding in which a minor's neglect, dependency, abuse, child abuse, physical injury or abandonment is an issue.
 - 2. Judicial or administrative proceeding resulting from a report, information or records submitted pursuant to this section.
 - 3. Investigation of a minor's child abuse, physical injury, neglect or abuse conducted by a peace officer or child protective services in the department of economic security.
- L.** In any civil or criminal litigation in which a child's neglect, dependency, physical injury, abuse, child abuse or abandonment is an issue, a member of the clergy, a Christian Science practitioner or a priest shall not, without his consent, be examined as a witness concerning any confession made to him in his role as a member of the clergy, a Christian Science practitioner or a priest in the course of the discipline enjoined by the church to which he belongs. Nothing in this subsection discharges a member of the clergy, a Christian Science practitioner or a priest from the duty to report pursuant to subsection A of this section.
- M.** If psychiatric records are requested pursuant to subsection G of this section, the custodian of the records shall notify the attending psychiatrist, who may excise from the records, before they are made available:
 - 1. Personal information about individuals other than the patient.
 - 2. Information regarding specific diagnosis or treatment of a psychiatric condition, if the attending psychiatrist certifies in writing that release of the information would be detrimental to the patient's health or treatment.
- N.** If any portion of a psychiatric record is excised pursuant to subsection M of this section, a court, upon application of a peace officer or child protective services worker, may order that the entire record or any portion of the record that contains information relevant to the reported abuse, child abuse, physical injury or neglect be made available to the peace officer or child protective services worker investigating the abuse, child abuse, physical injury or neglect.

O. A person who violates this section is guilty of a class 1 misdemeanor, except if the failure to report involves a reportable offense, the person is guilty of a class 6 felony.

P. For the purposes of this section:

1. "Abuse" has the same meaning prescribed in section 8-201.
2. "Child abuse" means child abuse pursuant to section 13-3623.
3. "Neglect" has the same meaning prescribed in section 8-201.
4. "Reportable offense" means any of the following:
 - (a) Any offense listed in chapters 14 and 35.1 of this title or section 13-3506.01.
 - (b) Surreptitious photographing, videotaping, filming or digitally recording of a minor pursuant to section 13-3019.
 - (c) Child prostitution pursuant to section 13-3212.
 - (d) Incest pursuant to section 13-3608.

12.2 Forms

A. Financial Reporting Forms

1. Contractor's Expenditure Report (CER)
2. Sample Labor Activity Report
3. 10% Percent Moves Form

B. Site Visit Forms

1. Contract Monitoring Plan
2. Site Visit Notification Letter
3. Site Visit Monitoring Tool for DVSN Contractors
4. Site Visit Draft Monitoring Report and letter
5. Site Visit Final Monitoring Report and Letter
6. Acceptance of Plan of Correction Letter

For electronic versions of forms, contact the Program Manager.

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL

AZ Department of Health Services
Bureau of Women's & Children's Health
150 N 18th Ave. Suite 320
Phoenix, AZ 85007-1496
Attn: Program Manager

CONTRACTOR'S EXPENDITURE REPORT

1. Contract Number _____ P.O. # _____
2. Contractor Name _____
3. Title of Program _____
4. Reporting Period: _____

4A. X Cost Reimbursement -
Cumulative Actual Expenditure
☐ Fixed Price
4B. ☐ Periodic Report
☐ FINAL REPORT

Contractor's Detailed Statement of Expenditures					
5. COST REIMBURSEMENT (Actual Expenditures)		Approved Budget	Prior Report Period YTD Expenditures	Current Reporting Period Expenditures	Total Year to Date Expenditures
A. Account Classification:		(a)	(b)	(c)	(d)
Personnel Services			\$ -	\$ -	\$ -
ERE			\$ -	\$ -	\$ -
Professional and Outside Services			\$ -	\$ -	\$ -
Travel Expenses			\$ -	\$ -	\$ -
Occupancy Expense			\$ -	\$ -	\$ -
Operating Expense			\$ -	\$ -	\$ -
Capital Outlay Expense			\$ -	\$ -	\$ -
Other			\$ -	\$ -	\$ -
Total			\$ -	\$ -	\$ -
6. MATCH EXPENDITURES	Approved Match Budget	Prior YTD Match Expenditures	Current Inkind Match Expenditures	Current Cash Match Expenditures	Total Year to Date Match Expenditures
A. Account Classification:	(1)	(2) (Past Periods)	(3) (Current Period)	(4) (Current Period)	(5)
Personnel Services	\$ -	\$ -	\$ -	\$ -	\$ -
ERE	\$ -	\$ -	\$ -	\$ -	\$ -
Professional and Outside Services	\$ -	\$ -	\$ -	\$ -	\$ -
Travel Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
Occupancy Expense	\$ -	\$ -	\$ -	\$ -	\$ -
Other Operating Expense	\$ -	\$ -	\$ -	\$ -	\$ -
Capital Outlay Expense	\$ -	\$ -	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -

ADHS USE ONLY	THIS SECTION FOR ADHS ACCOUNTING USE ONLY			
PROGRAM COORDINATOR CERTIFICATION: <input type="checkbox"/> Performance satisfactory for payment <input type="checkbox"/> Performance unsatisfactory, w/hold payment <input type="checkbox"/> No payment due	Total Expenditures or total Fixed Price _____			
	Adj (if required): _____			
	Less: Year to date payments _____			
	Adj (if required): _____			
	Net payment due: _____			
	Index	PCA	AY	Amount
Program Coordinator's Signature _____	_____	_____	_____	_____
Date _____	_____	_____	_____	_____

7. CONTRACTOR CERTIFICATION
I certify that this report has been examined by me, and to the best of my knowledge and belief, the reported expenditures and fixed price information is valid, based upon our official accounting records (book of account) and consistent with the terms of the contract. It is also understood that the contract payments are calculated by the Department of Health Services based upon information provided in this report.

AUTHORIZED CONTRACTOR'S SIGNATURE / TITLE / DATE

PLEASE PRINT - PREPARED BY / PHONE NUMBER

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL

LABOR ACTIVITY REPORT (LAR)

Agency _____

Pay Period _____ To _____

Timekeeper's Name _____

Telephone Number _____

Name: _____

Date _____

Description	Funder	Percent	S	S	M	T	W	T	F	S	S	M	T	W	T	F	Total
	SHN	#DIV/0!															0.00
	DES	#DIV/0!															0.00
	VOCA	#DIV/0!															0.00
	UW	#DIV/0!															0.00
	VOWA	#DIV/0!															0.00
		#DIV/0!															0.00
		#DIV/0!															0.00
		#DIV/0!															0.00
Total Hours Worked		#DIV/0!	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Annual Leave																	0
Sick Leave																	0
Holiday																	0
Comp. Time Used																	0
Jury Duty																	0
Miscellaneous																	0
Short Term Leave w/o Pay																	
Total Leave Hours			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Pay Period Totals

0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------

I certify that the hours above represent, to the best of my knowledge,
an accurate record of the time that I have devoted to the identified
programs/activities as per ADHS policies and procedures.

Employee's Signature

LAR will not be processed without Signatures.

Business Manager/Supervisor Signature/Phone Number

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL

ARIZONA DEPARTMENT OF HEALTH SERVICES
Division of Public Health Services

SUBJECT: Labor Activity Certification for a Single Federal Grant or Cost Objective

PURPOSE: To comply with the Uniform Guidance 2 CFR Part 200, it is the policy of the department that when employees work solely on a single Federal Grant or Cost objective, charges for their salaries and wages will be supported by semi-annual certifications that the employee worked solely on that program for the period covered by the certification.

PERIOD OF CERTIFICATION:

AGENCY:

POSITION NO:

POSITION TITLE:

NAME OF INCUMBENT:

NAME OF FEDERAL GRANT AND/OR DESCRIBE THE SINGLE COST OBJECTIVE:

FVPSA - Safe Home Network

As the incumbent of the position listed above, I certify that all work performed during this period was for the single Federal grant or cost objective shown above in accordance with the Office of Management and Budget Guidance 2 CFR Part 200.

Signature _____

Date _____

This document is to be filed with the timekeeper's records and is subject to audit.

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL

BUDGET REQUEST/REVISION DOCUMENT

Date:
Contractor:
Contract #
Organizational Ref #

Fiscal Period:
Program:
P.O. #

Revised Budget Per 10% Movement Between Line Items						
Account Classification	Approved Contract Budget	Total Budget Change 00/00/00	Total Budget Change 00/00/00	Total Budget Change 00/00/00	Revised Budget *	% of Budget Change
Personnel Services					\$0.00	#DIV/0!
ERE					\$0.00	#DIV/0!
Professional & Outside Services					\$0.00	#DIV/0!
Travel Expenses					\$0.00	#DIV/0!
Occupancy Expense					\$0.00	#DIV/0!
Other Operating Expenses					\$0.00	#DIV/0!
Indirect					\$0.00	#DIV/0!
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
Total Amount & Percentage of Movement Request	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!

Reason for this Request:

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL

ADHS Approved by Signature / Date

*PLEASE NOTE: This is a Program with approved Budget Changes--movement between line items within 10% of Total Budget.

Your _____ CER should reflect the revised budget in the "Revised Budget" column. The "Approved Budget" remains the same.

ADHS CONTRACT MONITORING PLAN

Safe Home Network

SCOPE OF WORK

Contractors shall develop, implement and maintain their local Safe Home Networks (SHN) to include: service provision to domestic violence victims; local domestic violence task forces/coalitions; development and documentation of SHN service protocols.

The contractor shall:

- 1) Hire, train and provide adequate, experienced personnel, capable of and devoted to the successful accomplishment of projects that may be performed under this contract.
- 2) Revise, submit and implement FYXXXX Operational and Implementation Plans.
- 3) Provide temporary, emergency, safe shelter and related assistance to victims of domestic violence.
- 4) Establish and maintain a local SHN of community service providers and other parties interested in domestic violence issues to provide services to domestic violence victims
- 5) Maintain records of services provided to clients, provide follow-up to determine if services to which clients were referred were received, document barriers to care, and identify needs that cannot be met through the resources available (gaps) in the resource network.
- 6) Prepare and submit monthly Contractor Expenditure Reports.
- 7) Prepare and submit on a quarterly basis Progress Report, Operational Plan (if required), Implementation Plan and Statistics for persons served and services provided.
- 8) Complete tasks as outlined in (Operational) and Implementation plans.
- 9) Attend Quarterly Contractor Meetings as scheduled by the host agency/Program Manager.

Monitoring Activities:

This contract shall be monitored by: (but not limited to)

- 1) Approval of monthly CERs
- 2) Attendance at 4 Quarterly Contractor's Meetings
- 3) Documentation of conversations and technical assistance via phone contact
- 4) Review and Approval of contract deliverables
- 5) Domestic violence training curriculum for regional trainings
- 6) Evaluation Report of training activities
- 7) Quarterly Progress Reports
- 8) Logic Goals & Objective Reports
- 9) Quarterly Statistical Reports of agency activities
- 10) Monitor Federal Match Requirements
- 11) One annual Formal Site Visit
- 12) Telephonic contact/Informal site visits as requested for technical assistance as necessary.

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL



ARIZONA DEPARTMENT
OF HEALTH SERVICES

***Bureau of Women and Children's
Health
Public Health Prevention Services***

150 N. 18th Ave, 320
GOVERNOR
Phoenix, Arizona 85007
MD, DIRECTOR
(602) 364-1100

DOUGLAS A. DUCEY,

CARA M. CHRIST,

Date

Dear:

The Arizona Department of Health Services (ADHS) is responsible for the evaluation and monitoring of contracts. Periodic site reviews are scheduled to ensure that services are delivered pursuant to the terms and conditions of the contract, applicable statutes, rules, and other policies applicable or made part of the contract. A site review has been scheduled for the Domestic Violence Prevention and Services Program, your Contract #ADHS_____. I will be conducting the evaluation on ____ (day) ____ (month) ____ (date)____(year) at ____ (time am/pm).

The site review process also provides me with an opportunity to meet with you to discuss public health issues in your community, and provide training and technical assistance as needed. I will e-mail you the monitoring guide, which summarizes the areas for review, the reference to this area in the contract and the sources that will be reviewed for verification of compliance.

Your assistance in the following areas is requested:

Prior to the review:

1. Please notify the site reviewer regarding any desired training or technical assistance you would like included. This will allow for any adjustments to the composition of the site visit to meet your needs.

The day of the review:

1. Request the attendance of staff directly responsible for the contract (additional staff as needed).

Executive Director
Program Manager/Coordinator
Direct Staff 1
Direct Staff 2

2. Make space available for the review and schedule a tour of the safe house and any additional programming space.
3. Have the following materials available for review at the site:
 1. A copy of your completed monitoring tool for the review
 2. Documentation in support of funding matching (in-kind) requirements
 3. Have receipts/backup documentation for the following month(s)
 4. Current organization chart

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL

5. Personnel Files
6. Any brochures or other marketing materials used
7. Client files
8. Client satisfaction surveys
9. Presentation sign in sheets
10. Policy and Procedures manual
11. Advertising/promotional plan

Your cooperation and support of the site review process is appreciated. My goal is to make this an opportunity for us to work together to continually evaluate and improve the services provided to Arizona's most vulnerable populations.

If you have any questions regarding this process, please contact me at (602) 542-7343. I look forward to meeting with you and your staff on _____ (date of site visit).

Sincerely,

Name of Program Manager
Domestic Violence Prevention and Services Program Manager
Bureau of Women's and Children's Health
Arizona Department of Health Services

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL

**ARIZONA DEPARTMENT OF HEALTH SERVICES
OFFICE OF WOMEN’S AND CHILDREN’S HEALTH
SAFE HOME NETWORK GRANTS
MONITORING REPORT**

Contractor:		Contract #:	
Review Date:		Reviewer:	
Staff Present:			
Standard	Source	Comments	Compliant?
PROGRAM MANAGEMENT AND ADMINISTRATION			
Grant Amendments: Are all changes to this Grant, including the Scope of Work and budget adjustments, submitted in writing for approval and signed off on by the State Government Administrator? Does the Grantee understand that no other method and/or document, including correspondence and oral communications shall be used or construed as an amendment to this Grant?	ADHS Contract file		
Key Personnel: Does the Grantee provide an adequate staff of experienced personnel, capable of and devoted to the successful accomplishment of work performed under this Grant? Does the Grantee assign specific individuals to key positions of responsibility? Is the ADHS Program Manager notified in writing in advance if key personnel are removed or replaced? Is the ADHS Program Manager notified if key personnel are not available for work on a specific project, or for more than 30 calendar days or are unable to devote substantially less effort than initially anticipated? Is a certification submitted annually for all personnel funded 100% by FVPSA funds?	Grantee Personnel files; ADHS Contract file		

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL

PROGRAM MANAGEMENT AND ADMINISTRATION

Standard	Source	Comments	Compliant?
Finger Printing: Do all staff files contain documentation of required fingerprint records as required by ARS§ 36-3008?	Grantee Personnel files		
Financial Management: Is the grantee following the practices, procedures, and standards specified in and required by the Accounting and Auditing Procedures Manual for Arizona Department of Health Services? Do travel claim forms include departure and arrival times, thus making it possible to determine allowable per diem on travel days?	Grantee Financial files		
Accounting Requirements: Are all financial records maintained and expenditures made in accordance with the Generally Accepted Accounting Principles to permit accurate tracking of funds to a level of expenditure adequate to ensure proper use of funds? Are bank statements reconciled each month? Is a separate journal used to maintain 'match' funds? Are all expenditures allowable, within budget and used solely for the program? Are monitoring tools used to review PARs for employees whose salaries are funded by multiple grants?	Grantee Financial files		
Sub Contracts: Has the Grantee entered into any Subcontract with FVPSA dollars under this Grant for the performance of this Grant? If so, has the subcontract been approved by the Program Manager? Was the required advance written approval of the State Government Administrator and the ADHS Program Manager received? Does the subcontract meet ADHS requirements?	Grantee Program files		
Licenses: What Federal, State and local licenses and permits required for the operation of the business conducted by the Grantee are required? Are all licenses current?	Grantee Personnel files		
HIPAA Requirements: Is the Grantee familiar with the requirements of HIPAA and HIPAA's accompanying regulations? Does the Grantee comply with all applicable HIPAA requirements in the course of this contract? Will the Grantee sign any documents that are reasonably necessary to keep the ADHS and Grantee in compliance with HIPAA, including, but not limited to, business associate agreements?	SHN Policy & Procedure Manual; ADHS Contract File		

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL

Standard	Source	Comments	Compliant?
<p>Federal Immigration Laws, Compliance by State Contractors: Does the Grantee warrant compliance with the Federal Immigration and Nationality Act (FINA) and all other Federal immigration laws and regulations related to the immigration status of its employees?</p> <p>Does the Grantee obtain statements from its subcontractors certifying compliance and furnish the statements to the Procurement Officer upon request?</p> <p>Does the Grantee and its subcontractors also maintain Employment Eligibility Verification forms (I-9) as required by the U.S. Department of Labor's Immigration and Control Act, for all employees performing work under the Grant?</p>	Terms & Conditions		
<p>Pandemic Contractual Performance: Is there a written plan that illustrates how the Grantee shall perform up to contractual standards in the event of a pandemic? At a minimum, the pandemic performance plan shall include:</p> <ul style="list-style-type: none"> • Key succession and performance planning if there is a sudden significant decrease in Grantee's workforce. • Alternative methods to ensure there are products in the supply chain. • An up to date list of company contacts and organizational chart. • In the event of a pandemic, as declared the Governor of Arizona, U.S. Government or the World Health Organization, which makes performance of any term under this Grant impossible or impracticable, the State shall have the following rights: • After the official declaration of a pandemic, the State may temporarily void the Grant(s) in whole or specific sections, if the Grantee cannot perform to the standards agreed upon in the initial terms. 	Terms & Conditions		
<p>Role of the Contractor in Program Management: How does the contractor provide temporary, emergency safe shelter?</p> <p>How does the contractor include community input regarding domestic violence issues and systems?</p> <p>Has the contractor established a community safe home network?</p> <p>How often are community SHN meetings held?</p> <p>Have letters of support/memorandums of agreement been developed with local entities? Are they updated regularly?</p> <p>Have the community SHN domestic violence service protocols been documented? Are they followed?</p> <p>How does the contractor assure accessibility to services to persons experiencing domestic violence?</p> <p>What key personnel are assigned to this project?</p>	SHN Policy & Procedure Manual		

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL

Standard	Source	Comments	Compliant?
Staff Training and Orientation: Describe the orientation provided to new staff. Do Key management personnel have the required 1 year experience working with victims of domestic violence? Do key direct service personnel have the required number of hours of training? Are training records documented in the personnel file?	SHN Policy & Procedure Manual		
Continuous Quality Improvement: How does the contractor monitor and evaluate the appropriateness and quality of client services and program operations? Does the client have a client Grievance P&P? How are clients informed of the Grievance P&P? Have any clients utilized the Grievance P&P? Please describe the situation and how it was handled? Are client records reviewed periodically for accuracy completeness and quality of care?	SHN Policy & Procedure Manual		
Internal Policy and Procedure for SHN programs: Does the contractor have a policy and procedure manual to provide staff with guidelines for client care and program management? Does the contractor have a <i>written</i> Confidentiality P&P in place?	SHN Policy & Procedure Manual		
Shelter Facility Standards: Does the agency have the ACESDV Arizona Service Standards & Guidelines Manual? Does the shelter facility meet applicant fire and safety codes? Is the shelter facility ADA accessible?	ADHS Contract File; SHN Policy & Procedure Manual		
Availability and Accessibility of Shelter and Adjunct Services: Does the program have a 24-hour crisis hotline? How is the shelter facility made geographically accessible to the population served? Is the shelter facility adequate to the population served?	ADHS Contract File		
Nondiscrimination: Does the agency have a <i>written</i> nondiscrimination P&P for persons seeking services?	ADHS Contract File		

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL

Standard	Source	Comments	Compliant?
Client Records: Are written records established for each person served by the agency? Do entries in the client file reflect professional, nonjudgmental statements of fact? What information do the client files contain? How are barriers to client care documented? How are gaps in resource network documented? Are referrals to clients documented in their files? Is access to/use of referrals by clients documented in the file? Are safety plans or signed forms stating he/she has a safety plan included in the client file? A. Is the safety plan generic, or is it developed according to the clients specific needs? B. Is it signed by the client? C. Are safety plans reviewed and updated/revised as necessary on a regular basis? (How is this documented?) Where are client files stored? Are they in a secure location? Who has access to them?	ADHS Contract File		
Release of Information: Are consent forms present in the file? Are they signed? Are the dates on the consent forms appropriate?	ADHS Contract File		
Reporting Child Abuse: Do staff persons understand the mandatory reporting requirements? Has the agency reported child abuse in the past? Was the situation handled appropriately?	SHN Policy & Procedure Manual		
Standard	Source	Comments	Compliant?
Strategic and Operational Plans: Is the agency required to provide ADHS with a strategic & operational plan? Is the plan updated on a regular basis?	ADHS Contract File	N/A	

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL

<p>Family Violence Prevention Service Act (FVPSA) requirements:</p> <p>Has the program established P&P for maintaining the safety and confidentiality of persons served by the program?</p> <p>Does the program/agency meet grant matching requirements?</p> <p>How does your agency track the match?</p> <p>Is the agency familiar with the financial requirements of Uniform Guidance 2 CFR Part 200? Is the Blue Book used as a reference guide?</p> <p>Does the agency have a P&P regarding client eligibility for services provided? (No income eligibility can be utilized).</p> <p>Is the shelter a secret/confidential location? If not, has the E.D. given express authorization for the shelter location to be released? Is this in P&P?</p>	<p>ADHS Contract File</p>		
---	-----------------------------------	--	--

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL

PROGRAM SERVICES (As found in the Federal Register)			
Standard	Source	Comments	Compliant?
Required Services: Does the program provide safe, temporary, emergency shelter? Does the program provide adjunct services? What are they? What prevention and outreach services to the community are provided by the program? Does the prevention and outreach service cost exceed 5% of the agency's total budget with ADHS?	ADHS Contract File		
AMERICANS WITH DISABILITIES ACT (ADA)			
ADA: Does the agency meet ADA requirements? Give examples of how the programs/services are ADA compliant/accessible.	ADHS Contract File		
REPORTING REQUIREMENTS			
Reporting Requirements: Are quarterly reports timely? Do the quarterly reports include all the required information/forms? 1) Progress Report 2) Implementation Plan/Objective Results & Measurements 3) Statistical Report Is the information/data accurate? Does the report provide the Program Manager with a clear picture of the agency's operations, challenges, and successes? Are the measures of the implementation plan an accurate measure of the agency's activities? Has the agency submitted certifications for those staff whose salaries are paid 100% through ADHS funds?	ADHS Contract File		

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL

MONTHLY BILLING

<p>Monthly Billing: Are CERs timely and accurate? List the dates the last 4 CERs were submitted.</p> <p>Are CERs accompanied by all required documentation?</p> <ol style="list-style-type: none"> 1) Labor Activity Reports (LARs) 2) Match documentation 3) Travel documentation 4) Monthly agency financial ledger, profit & loss or like documentation 	<p>ADHS Contract File</p>		
---	-----------------------------------	--	--

ADHS IDENTIFIED PRIORITIES

Standard	Source	Comments	Compliant?
<p>Identified Priorities: How has the program addressed the following 6 priorities?</p> <p>Priority 1: Increase safety for survivors and their children.</p> <p>Priority 2: Increase related services available to domestic violence victims and their families by service collaboration and coordination among key stakeholders.</p> <p>Priority 3: Increase comprehensive support services for children who either witnessed and/or experienced domestic violence.</p> <p>Priority 4: Increase awareness and understanding of the prevalence and incidence of domestic violence in Arizona.</p> <p>Priority 5: Increase availability and access to shelter and comprehensive supportive services.</p> <p>Priority 6: Increase availability and access to culturally and linguistically appropriate services.</p>	<p>Quarterly reports; self-report; agency files; ADHS contract files</p>		

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL
Civil Rights Compliance Checklist

Requirement	Yes	N/A	No	Comments	Compliant? Y or N
An Equal Employment Opportunity Plan in accordance with 28 C.F.R §§42.301-.308 on file	<input type="checkbox"/>		<input type="checkbox"/>	<i>Date prepared</i>	
EEOP short form submitted to OCR, DOP and DOJ if required	<input type="checkbox"/>		<input type="checkbox"/>	<i>Date submitted</i>	
Certification form to OCR for partial or complete exemption from EEOP submitted	<input type="checkbox"/>		<input type="checkbox"/>	<i>Date submitted</i>	
Agency notifies participants of non-discrimination on basis of race, color, national origin, religion, sex, disability and age	<input type="checkbox"/>		<input type="checkbox"/>	<i>Method of notification</i>	
Agency notifies employees of non-discrimination on basis of race, color, national origin, religion, sex, disability and age	<input type="checkbox"/>		<input type="checkbox"/>	<i>Method of notification</i>	
Written policies/procedures for filing discrimination complaints with GOCYF or OCR are in place	<input type="checkbox"/>		<input type="checkbox"/>	<i>Provide a copy if available</i>	
Does the agency have 50 or more employees and receive more than \$25,000?	<input type="checkbox"/>		<input type="checkbox"/>	<i>If YES, complete a and b</i>	
a. Grievance procedures implementing Section 504 of the Rehabilitation Act of 1973, found at 28 C.F.R. Part 42, Subpart G has been adopted	<input type="checkbox"/>		<input type="checkbox"/>		
b. Prohibitions against disability discrimination contained in 28 C.F.R. Part 42, Subpart G Compliance Coordinator has been designated	<input type="checkbox"/>		<input type="checkbox"/>		
Is the agency operating an education program or activity?	<input type="checkbox"/>		<input type="checkbox"/>	<i>If YES, complete a, b, and c</i>	
a. Procedures for prompt and equitable resolution of Title IX of the Education Amendments of 1972, found at 28 C.F.R, Part 54 have been adopted (discrimination on the basis of sex)	<input type="checkbox"/>		<input type="checkbox"/>		
b. Compliance coordinator with prohibitions against sex discrimination contained in 28 C.F.R., Part 54 has been designated	<input type="checkbox"/>		<input type="checkbox"/>		
c. Notifies applicants for admission and employment, students, and parents of non-discrimination on the basis of sex in its educational programs or activities	<input type="checkbox"/>		<input type="checkbox"/>		
Has the agency received any findings of discrimination by a federal or state court, or federal or state administrative agency on the grounds of race, color, religion, national origin, or sex in the past?	<input type="checkbox"/>		<input type="checkbox"/>	<i>If YES, complete a</i>	
a. Did the agency comply with requirement to submit findings to the OCR?	<input type="checkbox"/>		<input type="checkbox"/>		

SAFE HOME NETWORK
POLICY AND PROCEDURE MANUAL

Has the agency taken steps to provide access to programs/activities to those with limited English proficiency?	<input type="checkbox"/>		<input type="checkbox"/>	<i>If YES, complete a</i>	
a. Have written policies and procedures on providing language access services been developed?	<input type="checkbox"/>		<input type="checkbox"/>		
Does the agency provide training for employees on requirements under federal civil rights laws?	<input type="checkbox"/>		<input type="checkbox"/>		
Does the agency conduct religious activities?	<input type="checkbox"/>		<input type="checkbox"/>	<i>If YES, complete a, b, c and d</i>	
a. Are religious services provided to everyone regardless of religion or religious belief?	<input type="checkbox"/>		<input type="checkbox"/>		
b. Are federal funds used to conduct inherently religious activities?	<input type="checkbox"/>		<input type="checkbox"/>		
c. Are inherently religious activities kept separate in time or place from federally-funded activities?	<input type="checkbox"/>		<input type="checkbox"/>		

Agency: _____

Contract Number: _____

Signature of Person Completing Form: _____

Date: _____



ARIZONA DEPARTMENT
OF HEALTH SERVICES

***Bureau of Women and Children's
Health
Public Health Prevention Services***

150 N. 18th Ave, 320
DUCEY, GOVERNOR
Phoenix, Arizona 85007
CHRIST, MD, DIRECTOR
(602) 364-1400

DOUGLAS A.

CARA M.

Date

Dear,

A draft of the monitoring report which documents the findings of the Site Review is included with this letter. The draft summarizes the following four sections of the review:

- A.** Areas of Strengths
- B.** Recommendations for Improvement
- C.** Required Corrections
- D.** Other Discussion Items

You are given seven (7) days following the receipt of this letter to review and respond to the draft's contents. Please inform us if there are any corrections that should be made to the content. After the final report is issued, you will have the opportunity to submit a Corrective Action Plan if one is required.

If you have any questions regarding this report or procedure, please contact me at (602) 542-7343.



ARIZONA DEPARTMENT
OF HEALTH SERVICES

***Bureau of Women and Children's
Health
Public Health Prevention Services***

150 N. 18th Ave, 320
DUCEY, GOVERNOR
Phoenix, Arizona 85007
CHRIST, MD, DIRECTOR
(602) 364-1400

DOUGLAS A.

CARA M.

Site Visit Date:
SITE REVIEW MONITORING SUMMARY

CONTRACTOR STAFF PRESENT:

ADHS/BWCH:

REPORT COMPLETED BY:

CONTRACTOR NAME:

CONTRACT #:

I. Areas of Strengths:

II. Recommendations for Improvement:

III. Required Corrections:

IV. Other Discussion Items:



ARIZONA DEPARTMENT
OF HEALTH SERVICES

***Bureau of Women and Children's
Health
Public Health Prevention Services***

150 N. 18th Ave, 320
DUCEY, GOVERNOR
Phoenix, Arizona 85007
CHRIST, MD, DIRECTOR
(602) 364-1400

DOUGLAS A.

CARA M.

Date

Dear:

A copy of the Final Site Review report is included with this letter. Please review the report by the Site Visiting Committee. A Corrective Action Plan must be submitted within fourteen (14) days of the receipt of this letter if the Site Review Summary contains required corrections.

The submitted written Corrective Action Plan will be reviewed, and accepted, or changes to the plan will be requested. Upon acceptance of the Corrective Action Plan, the Program Manager is available to provide technical assistance.

If you have any questions regarding this request or procedure, please contact me at (602) 542-7343.

Sincerely,

Enclosure(s)



ARIZONA DEPARTMENT
OF HEALTH SERVICES

***Bureau of Women and Children's
Health
Public Health Prevention Services***

150 N. 18th Ave, 320
DUCEY, GOVERNOR
Phoenix, Arizona 85007
CHRIST, MD, DIRECTOR
(602) 364-1400

DOUGLAS A.

CARA M.

Date

Dear:

The completion of the Plan of Corrective Action submitted in response to the findings of the site review has been noted and accepted. The Plan of Corrective Action and its completion will be incorporated as a component of the final review.

If you have any questions regarding this request or procedure, please contact me at (602) 542-7343.

Sincerely,

SAFE HOME NETWORK POLICY & PROCEDURE MANUAL ACKNOWLEDGEMENT OF RECEIPT



ARIZONA DEPARTMENT
OF HEALTH SERVICES

I have accepted receipt of the *Safe Home Network Policy and Procedure Manual*. I understand it is my responsibility to agree to the conditions detailed within and to share with agency staff all pertinent information that may affect how their job responsibilities are carried out. A copy of this manual will be kept available for reference throughout the duration of the contract.

Executive Director Signature

Date

Program Manager/Safe Home Director

Date

ARIZONA DEPARTMENT OF HEALTH SERVICES
BUREAU OF WOMEN'S AND CHILDREN'S HEALTH
OFFICE OF WOMEN'S HEALTH